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THE NATIONAL

ECLECTIC MEDICAL ASSOCIATION

QUARTERLY

EDITED BY
WILLIAM NELSON MUNDY, M.D.

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A. F. Stephens

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QUARTERLY

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NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Proceedings of the Forty-first Annual Meeting, Held in Louisville, Ky., June 20-21-22-23, 1911.

FIRST DAY—TUESDAY JUNE 20, 1911—MORNING SESSION.

Meeting called to order at 10 A.M. by the President, J. A. Munk, M.D., Los Angeles, Cal.

The invocation was pronounced by Rev. J. G. Minningerode, of Louisville.

REV. J. G. MINNINGERODE (Louisville, Ky.): Our Father which art in heaven, hallowed be Thy name, Thy kingdom come, Thy will be done, on earth as it is in heaven. Give us this day our daily bread, and forgive us our trespasses as we forgive those who trespass against us. Lead us not into temptation, but deliver us from evil, for Thine is the kingdom, and the power, and the glory, forever. Amen.

O Almighty God, without whom nothing is holy, increase and multiply to us Thy blessings. Let Thy holy Spirit, we beseech Thee, be with us in this convention. Guide them in all their consultations and direct them in all their doings with Thy most gracious favor, further them with Thy continual help, that with all their work begun, continued and ended in Thee, they may glorify Thy holy name, and finally grant them everlasting life, through Jesus Christ, Thy Son, our Lord.

The grace of the Lord Jesus Christ and the love of God and the fellowship of the Holy Ghost be with us all, now and forevermore. Amen.

The address of welcome to the State by the Honorable Governor, A. E. WILLSON, is as follows:

Ladies and Gentlemen and Our Visitors:

His Honor, the Mayor, my friend, and I have been for some time past engaged in a rivalry in regard to this stunt of welcoming you to our great Commonwealth and also to our fair city. My impression is—and I speak confidentially and with perfect frankness—that in this rivalry the Mayor has a good deal the best of it. At any rate, I have learned to respect his gifts in this line.

I am to welcome you to the Commonwealth of Kentucky. This Commonwealth has a name among many of our neighbors that I do not think

is entirely well earned—the name of unusual hospitality. Now, we claim that we have our full share; in other words, we claim that we are Americans just like the rest of you. Far be it from us to claim that we have more than our share, but such as it is we offer to you. In the name of the people of the great Commonwealth of Kentucky, your brother Americans, partners in our glorious government, I do cordially welcome you to our hearts and homes. You are welcome. (Applause.)

I wish to deprecate the idea that was expressed by my personal friend, young Ellison, when he was called on to welcome a doctors' convention. He said: "Doctors are a good deal alike to me, and in one thing they are all alike—Allopaths, Homeopaths, Osteopaths, and all other kinds of 'paths,' like other paths, they lead to glory and the grave." (Laughter.)

I have seen times in my life when I did not feel my soul filled with joy to welcome the doctor as I do now. But this morning, with perfect health, after a good night's rest, when "every prospect pleases," I feel as if I could welcome the doctor, the trained nurse or anybody that came with the gift of healing, to cure and help. But I have seen the time, when with all the fervor of youth and inexperience, I kicked against the coming of a doctor as against a worse fate. I have seen times, however, in my older days, with greater experience and knowledge, when I welcomed one of you, when nothing this side of saving grace was as welcome as a doctor.

Now, I have been trying all my life to understand how I could be the right kind of an Eclectic. I have wanted to succeed in two things—the two greatest things in my life. First to "eclect" the right woman for the true governor of the Commonwealth (applause), and, second, to "eclect" the right doctor to minister to both of us. I have been trying to get an idea of this, but I am not sure. I believe for bilious colic I would take dioscorea, and then for a bolus (so-called boletus, but I think that is a mistake), xanthoxylum and remedies akin thereto (with apologies to Dr. Baker); and then I suppose the next thing would be erigeron, and if that does not do, then I am afraid of Liatris spicata. (Laughter.)

Now, I cannot tell you just how glad we are to have you with us. It is our way in Kentucky—and I say just the American way—whether you come from our own State or from sister States, to give you a cordial welcome. We hope you will have such a good time that you will want to come again. We shall be very happy if you enjoy your stay so well that you will not go away at all. I think the Mayor and I between us, in spite of my not having a large family, can assure a comfortable living if you will abide with us.

I would like to give you some verses in regard to our State, and while I know all the ladies here belong to the W. C. T. U., and the men all wear the blue ribbon, yet there are some good thoughts in these verses:

"Know'st thou the land where the corn-tassels bloom,
Where the mystical cocktail exhales its perfume,
Where the highballs sparkle with flavor divine,
And the "schooners" sail fast 'neath the shade of the vine?
Knowst thou that land, that beautiful land?

"Know'st thou the land where the julep was born,
Where the mint yields its breast to the spirit of corn,
Where the ice strikes the glass with a musical sound,
And the straw shrieks aloud when the bottom is found?
Knowst thou that land, that beautiful land?

"Hear'st thou the call of the blue grass to thee;
Come over the river, come southward to me,
Where a welcome awaits from Kentucky's old boys,
Oh, come to that Southland and taste of her joys.
Oh, come to that land, that beautiful land.

"Know'st not that land? Then thou art unlucky;
'Tis gallant, 'tis brave, 'tis hearty Kentucky
That calls from the river that flows to the sea,
Come southward to meet us, cross over and see;
Oh, come to that land, that beautiful land."

That is the spirit of our welcome. You are here. I have come to say "Howdy!" We are glad to have you come. (Applause.)

The response to the Governor's address was by the President, Dr. J. A. Munk, of Los Angeles.

Ladies and Gentlemen:

We have certainly been delighted with the words of your Honorable Governor, in which he has given us a hearty welcome to this great Commonwealth of Kentucky. We know that Kentucky, as well as the entire South, has a name for hospitality; it has been so in the past, is now and always will be.

We surely are delighted to be here, Governor Willson. We have come from various parts of the Union, traveling over a good many miles of territory, and yet we have not seen more beautiful landscape than since we have entered this charming land. Its varying landscape of forests and green fields and hillsides, its flowers and vegetation is most attractive. After reading the reports of the hot weather all over the East, those of us especially who have come from the Far West thought we would be uncomfortable; but I am pleased that we have had delightful weather ever since we left home, and if you will keep up this brand of weather we will have nothing to say.

This section used to be called the "dark and bloody ground," owing to the early conflicts, especially those with the savage Indians. Since those days a great change has taken place, and instead of Kentucky being called "dark and bloody" it has become famous for its progress—also for its blue-grass pastures. It is known the world over as the blue-grass country, and the name "Kentucky" has come to mean fine cattle, fast horses, brave men and fair women. (Applause.) The land of honey and the honey-dew—and the mint julep.

This country is famous for many things. In the early days, when it was in possession of the Indians, the first man of whom we have any record coming here was the great Daniel Boone. He came from the East

into this land and took possession, and when he with his companions came over from Virginia and Carolina and reached the top of the Cumberland mountains, he looked over and saw this magnificent scene and exclaimed: "Boys, this is God's country. This is the most magnificent scene I have ever beheld. I believe that here is the future home of a great and prosperous people!" This prophecy has come true, and we are here as witnesses of the fact.

This, too, is the land, the home, the birthplace of one of the greatest historical characters of the age and of the world; the man who emancipated a race and was the saviour of his country—that typical American citizen, the martyred Abraham Lincoln. (Applause.)

You may have noted men. We have known of your own Henry Watterson, the prophet of Democracy, for more than a generation, and he is still with you as friend and adviser.

Then, too, you once had with you, and now have again, a man whom we are pleased and proud to call a member and friend—Prof. John Uri Lloyd. (Applause.) Of course, you all know him, and we all know him, and the world knows him, because he is a man of world-wide reputation as a botanist, as a plant scientist and the writer of many books. In his stories we read of the life and the folk-lore of this southern country, but his greatest work, as I view it, is that great book, "Etidorpha," which is a classic, of which there can be only one written in a decade or perhaps in a century; a book of mysticism, yet of profound wisdom. In it he foretold the existence of some elements of nature that had not yet been discovered—radium. Since his prophecy these things have come true, and we are proud of John Uri Lloyd. (Applause.)

It is a great benefit for the members of any school or any class of people to come together in convention like this, as we have come—Eclectic physicians from all parts of the country. I think heretofore and as a rule our people are too much inclined to stand aloof and not get acquainted. Now, I believe in the doctrine of getting acquainted; I want to be acquainted with every man and woman here who is an Eclectic. That is one of the reasons of our being here. It has been said that there are approximately ten thousand Eclectic physicians in the United States, and they are scattered in all parts of the country, and in some portions where distances are long and where they do not and cannot see each other very often; it is good to break away from business, get away from home, and get acquainted in these conventions, exchange ideas and cultivate friendship.

We are here to attend to our work, and we hope that during the next four days we will accomplish a great deal. We expect to have some pleasure, too, but we are here principally for work.

I have tried to do my duty throughout the year, and I am very happy to be here now. I am glad to see this assemblage, many faces familiar and unfamiliar. I thank all of the men who have assisted me and are assisting me in this work, because it is important, and by every man doing his duty the results we desire will be accomplished. (Applause.)

The address of welcome from the city of Louisville, by his Honor, Mayor Head, was as follows:

Mr. President, Ladies and Gentlemen:

I assure you that I appreciate the compliments that have been paid our State and our city, Mr. President, coming as you do from the beautiful State of California. I appreciate it because I believe that you have said correctly that we have a most magnificent State—the garden spot of the earth.

I assure you that it gives me great pleasure to welcome you to Louisville this morning. I am glad you came, and in the name of all the people of this great city I bid you welcome. They have commissioned me to say to you that the gates and doors of our city are open to you. You have our warmest handclasp, and we hope you will make yourselves at home in Louisville. We have, we think, a splendid city, and we would like you to see more of it. We have beautiful parks—we think the best park system in the country. And we want you to see our filter plant, which we think is the best in the country. You will find better water here than anywhere else. Our distinguished Governor tells you he has discovered something else in the way of liquids, and possibly there may be some of that found—distilled water. But we have many things of interest, and I believe if you stay long enough to get acquainted with our people you will locate here, and I will be glad to join with the Governor in trying to make a living for any of you who may stay.

I think you did well to hold your convention in this city of ours, the dividing line between the North and South. I think if you would come oftener and mingle with our people that you would think more of us, that it would bind us closer together, and that it would be better for the whole country. My friends, we have a great country, and we ought to be as one people. I assure you that the hand of the Southland is ever reached out, ready to welcome and greet you and aid you in anything you may undertake.

I hope you will visit Mammoth Cave; it is one of Kentucky's wonders. I trust you will go, and I am inclined to think I will go with you (applause), because it is such a wonderful place. You will pass by the farm of Lincoln, that great statesman of whom your President has told you, the man of whom we are proud to say Kentucky was his birthplace. This farm is made into a beautiful park now. We will soon have a boulevard down there, and if you do not go this time, by the time you come again we will take you down in automobiles. I want you all to feel at home in Louisville, and if you do not see what you want, ask for it, and remember the Mayor is at your service. Any time you get in trouble, ring me up, because I am going to instruct the police to give you the right-of-way here. In Louisville we love our friends, and as such I greet you. (Applause.)

The response to this address of welcome from the city, by Dr. G. T. Fuller, of Mayfield, Ky., follows, thus:

Mr. President, Ladies and Gentlemen:

While I make no pretense to be a speaker, and am outclassed by these gentlemen who have preceded me, I believe I could handle boletus, xanthoxylum and dioscorea to better advantage than his Excellency the Governor. (Laughter.)

On behalf of the National Eclectic Medical Association, I want to accept the very kind and cordial welcome that has been extended to this body by his Honor the Mayor to this beautiful and progressive city, the metropolis of the blue-grass State. Kentucky has been the mother of a race of noble and gallant sons and bevies of beautiful and accomplished daughters. She has had material of her own sufficient to fill all the offices or positions of trust and honor within her own borders, and she has had plenty to give to her sister States, out of which they have made senators, governors, presidents, congressmen, jurists, etc. In the way of statesmen and jurists she has given us the Breckenridges, the Blackburns, Clays, Marshalls and many others too numerous to mention. In our own profession she gave us Ephraim McDowell, the pioneer in ovariotomy. Without any precedent he entered the abdominal cavity and successfully removed an ovarian tumor. That really blazed the way for all the laparotomies of our day. She gave us, in a military way, Zachary Taylor, old "Rough-and-Ready," whose very name carried terror to the hearts of the Mexicans; who led Old Glory to victory in the very citadel of the capital of that country, and who was afterward elected and served as President of the United States. Kentucky gave us John Morgan, that dashing cavalry rider who gave his life to the Southland. She gave us Albert Sidney Johnston, who sacrificed his life at Shiloh. She gave us Jefferson Davis, that statesman and typical Southern gentleman who gave his life for the cause he thought was just. And last, but not least, she gave us Abraham Lincoln, "Honest Abe," that loyal soldier, statesman and war President, who sacrificed his life as a martyr to human freedom.

Kentucky has her rivers, her mountains, her coal, her iron, her thoroughbreds and her beautiful and bewitching women. She has her tobacco, her hemp, her forests, her blue grass and her Mammoth Cave. Kentucky, like a beautiful matron robed in her robes of regal blue, with her head pillowed on the foothills of the Alleghanies and her feet bathed with the Fathers of Waters; crowned by the illustrious deeds of her sons and the beauty and virtues of her daughters—reigns a queen. (Applause.)

I thank you again for your kind welcome to this beautiful city. (Applause.)

Dr. Lee Strouse, of Covington, welcomed the Association on behalf of the Eclectic Medical Society of Kentucky.

Mr. President, Ladies and Gentlemen, Fellow-Members:

On behalf of the Kentucky Eclectic Medical Association, I welcome you to the State of Kentucky and the city of Louisville. We are few in numbers, and we appreciate your being here. We have about thirty members, and all but one are in good standing in the National Association. This National Association has been wandering around over the United States for some forty years, and finally they found us. We appreciate your being here, and extend to you a hearty welcome.

As to what the speakers before me have said, I want to add that when it comes to greatness, why should we not have great men? Kentucky has the place, down here near Nicholasville, where the public school originated. That is pointed out in the history of the building of the South.

I hope you will all go to Mammoth Cave. I have been there, and I know it is worth your time. (Applause.)

The response to the welcome by the Kentucky Society was made by Vice-President Florence Tippett Truax, M.D., of Atlanta, Ga.

Members of the National Eclectic Medical Association and of the Kentucky Society, Ladies and Gentlemen:

While from the time of Eve to the present day it has always been conceded that woman should have the last word, as I sat here listening to this feast of reason and flow of soul, I have wondered what there would be left for me to say in the way of thanks. I feel very greatly honored, ladies and gentlemen, to be given an opportunity to thank these people for the good things they have said to us, and I feel particularly able to do so, because I have gone from the broad, green fields and prairies of Illinois, where I was born, down to the red hills of Georgia, my adopted home, so I am particularly fitted to say "thank you" for these nice things.

References have been made to the great men which Kentucky has furnished, and I would like to mention that great and wonderful man she gave to the Nation, the first, last and only President of the Confederacy, Jefferson Davis. She also gave to the world that man, than whom there has been no greater humanitarian, that man who in one of his famous messages said:

"With malice towards none, with charity for all, with firmness in the right as God gives us to see the right, let us finish the work that we are in, to bind up the Nation's wounds, to care for him who shall have borne the battle, and for his widows and orphans, to do all which may achieve and cherish justice and a lasting peace among ourselves and with all nations." And that is exactly what the Eclectic Medical profession stands for today. (Applause.)

And to his Excellency the Governor, his Honor the Mayor, to the Eclectic Medical Society of Kentucky, to all who have said these gracious and beautiful things to us, I want to sum it all up in one word, and say

to you that we appreciate it, and from the bottom of our hearts we say, "Thank you." (Applause.)

The roll-call of officers showed the following present: J. A. Munk, John Perrins, Florence Tippett Truax, Wm. P. Best, W. N. Mundy and E. G. Sharp. Secretary Wm. P. Best declared there was a sufficient number of members present to constitute a quorum for the transaction of business.

President Munk: The meeting is open for the transaction of business. We will listen to the reading of minutes of previous meeting.

Dr. G. W. Boskowitz (New York City): Moved that the minutes as printed in the Quarterly be adopted. Carried.

Recording Secretary's Report was read and referred to the Advisory Committee, according to the rules.

Secretary's Report.

While our work for the year just closed has not been so strenuous, nor have so many new names been added to our roster as last report indicated, we have cause for felicitation in the fact that the growth has been steady, healthy and we hope permanent.

The steady increase of membership has grown out of the loyal work of State Secretaries who have devoted no little time and effort to the work of reorganization.

This year seems a happy consummation in the gathering of the last of the State societies into the new plan of State society affiliation.

A glance at the list of membership of last year, more than twelve hundred in good standing, in so far as we have the full credentials at hand, reveals the fact that our membership is of high standard, shown by the fact that a very few are non-graduates and very few are to be listed as non-active members.

In all cases of disloyalty and unethical conduct coming under our notice during the year, such as were thus unfortunately affected have been dropped from the membership roll.

We are sorry to report that in a few instances we have representatives on State Boards or other places of honor who do not loyally represent the interests of Eclecticism. This fact should arouse our people to take steps to displace such men with those who are reliable and whose loyalty will, in all cases, be unquestioned.

Men of this type have political preferment in the full sense of the expression, and are not selected by the people whom they are supposed to represent.

Early in the year we had the pleasure of meeting with the Executive Board of the Eclectic Medical Society of Illinois, at Bloomington.

This meeting was well attended and much interest manifested in the discussion of the incidents relative to the attitude of this body to the former and vice versa.

The Executive Committee was further represented at the meeting by our Vice-President, Dr. Florence T. Truax.

We are pleased to report that at their recent meeting, the Illinois Society so amended their laws as to fully affiliate and co-operate with this body.

Allow me to call attention to the difficulty of obtaining the required credentials of applicants for membership. We are sorry to report that in many instances we receive reports from State Secretaries containing lists of members, some of whom are new to our records, with no means of identifying them. This causes no little confusion and work. If all the State officials would refer to the laws governing the application for membership, they would observe the requirements and obtain all the data before reporting the names of new members.

We have some complaints from members who have not received their certificates of membership. The delay in most instances is due to the fact that we cannot issue certificates *ad interim* because of the lack of authority and the difficulty of having them properly executed.

In a few instances we have learned that members have paid national dues for two or three years, having no certificate. This we regret, for the oversight is not intentional, and we should have been informed in all such cases of seeming neglect or delay.

During the interim since the Boston meeting we have collected (to June 1) about $428. Of this amount $256 is for application for membership. The balance represents delinquent dues, saved to the Association by sending out statements. Some confusion has arisen, partly due to faulty business methods and to failure to properly interpret the laws governing membership. We presumed that a member who was delinquent would remit State dues when remitting dues to this body, but we were mistaken, thus the confusion.

We shall require all remittances to be made through the State Secretaries or Treasurers, refusing to accept remittances direct except from members in States having no societies.

All collections should be made by co-operation, because in several instances we have collected two years' delinquent dues, where in other instances where the collection was deferred until the State meeting and was made by the State officers, one year's dues, delinquency, has remain unpaid.

Our membership to June 1 is 1,024 in good standing, not including reports from most of the States for this year.

Our work this year has consisted in a large measure of correcting errors, working out or developing details in the business methods developed under the change of organization.

In some of the States the officials have shown a high degree of efficiency, and we have much pleasure in their co-operation. Some of the States need to select men for their officers who are willing to devote time and work to the development of the State society. The efforts of the National, to be of most service, should be to reach and assist State societies and isolated individuals. We must get back to the people. We must get to and keep in

close touch with State societies, and make all Eclectics realize that this is their National, and that all should offer every possible means of perfecting the organization so that it will become an influence for aiding and protecting our men wherever found. To do this we must work with and for the individual. We can be of no service as a body as long as we are so inflexible that we cannot reach out to and touch any man or set of Eclectics who stand in need of organized assistance.

This year California has come to the front with a rousing meeting, giving promise of splendid results and increased membership. Michigan, Wisconsin and Indiana have completed their reorganization and affiliation.

Idaho and Florida are arranging to organize State societies. We feel that the opportunity for a better and more efficient general organization was never as good, and that every effort should be directed toward completion of the work begun.

We have card-indexed lists of the entire membership, arranged alphabetically, also by States, so the work is in a fair condition for easy manipulation by our successor.

A review of our lists shows State membership in the National Association as follows, due allowance being made for those who are delinquent:

Arkansas	47	Minnesota	1
Alabama	3	Missouri	73
Arizona	2	Nebraska	50
Canada	1	Nevada	1
California	59	New Hampshire	1
Colorado	18	New Jersey	11
Connecticut	28	New Mexico	2
Florida	10	New York	145
Georgia	62	Ohio	172
Idaho	2	Oklahoma	41
Illinois	80	Pennsylvania	46
Indiana	65	Oregon	2
Iowa	24	South Dakota	14
Kansas	56	Tennessee	18
Kentucky	25	Texas	94
Louisiana	1	Vermont	1
Maine	3	West Virginia	15
Massachusetts	29	Wisconsin	6
Mexico	1	Wyoming	3
Michigan	8		

Upon the basis of this membership report, compared with the approximate number of Eclectics in the respective States, we would respectfully suggest the wisdom of carefully planned field work, or some well-devised scheme of coming in closer contact with the State societies, and through this means more closely and thoroughly organize each State society, and thus more efficiently come in contact with the men vitally affected by organized work or the lack of it.

There are several plans by which this might be accomplished, the best of which perhaps is that of one organizer located in the east, west and

central part of our country, respectively, whose duty shall be to do all possible for the furtherance of our interests.

This work might be done through or with the advice of the Executive Committee.

Respectfully submitted,

WM. P. BEST.

PRESIDENT MUNK: I will now announce the following as members of the Advisory Committee:

G. W. Boskowitz, New York City.
Wm. P. Best, Indianapolis.
J. B. Davis, Pontiac, Ill.
G. T. Fuller, Mayfield, Ky.
A. F. Stephens, St. Louis, Mo.
B. K. Jones, Kenton, O.
E. G. Sharp, Guthrie, Okla.
J. K. Scudder, Cincinnati, O.
S. A. Hardy, New York City.

CREDENTIALS COMMITTEE.

T. D. Adlerman, Brooklyn, N. Y.
Lyman Watkins, Blanchester, O.
Finley Ellingwood, Chicago, Ill.
G. W. Rodeker, Holcombe, Wis.

RECORDING SECRETARY'S REPORT.

The Recording Secretary's report was read and the report referred to Advisory Committee.

To the National Eclectic Medical Association.

SIRS:—Our second annual report as your Corresponding Secretary is practically a financial report. So far as my duties as Editor are concerned, the QUARTERLY evidences the work performed. We have performed our work as well as we have the ability with the material at hand. We hope we have succeeded in doing our work satisfactorily to this Association. The QUARTERLY is yours, I am your servant, ready to do your bidding as best I can. The work cost more last year, but the QUARTERLY for 1910-11 is is larger by one hundred pages.

We submit to you, therefore, the following:

First. Quarter.

Advertising	$117.96	
Subscriptions	6.50	
Draft	275.00	
Total		$399.46
Quarterly	$161.05	
Reprints	5.50	
Job work	10.30	
Dr. Best (for dues)	2.00	
Supplies	5.60	
Salary	75.00	
Total		$259.45
Balance		$140.01

Second Quarter.

Advertising	$89.00	
Subscriptions	7.00	
Reprints	6.50	
Draft	275.00	
Total		$378.47
Quarterly	$201.40	
Job work	32.25	
Salary	75.00	
Total		$308.65
Balance		$69.82

Third Quarter.

Advertising	$99.41	
Reprints	3.25	
Draft	275.00	
Total		$377.66
Quarterly	$185.80	
Job work	3.25	
Salary	75.00	
Total		$264.05
Balance		$113.61

Fourth Quarter.

Advertising	$130.77	
Draft	275.00	
Total		$405.77
Stenographer	100.00	
Postage for year	$38.00	
Quarterly	214.83	
Express	2.02	
Salary	75.00	
Total		$429.85
Deficit		$24.08
Total balance		$299.35

Recapitulation.

Drafts	$1,100.00
Advertising	438.11
Reprints	10.75
Subscriptions	12.50
Total	$1,561.36

Quarterly	$763.08
Job work (including reprints)	51.30
Salary	300.00
Stenographer, postage, express and supplies.	147.62
Total	$1,262.00
Total balance	$299.36

Respectfully submitted,

W. N. MUNDY, Secretary.

PRESIDENT MUNK: As the Treasurer's report is not ready for a few minutes, we will listen to Dr. Holton, who has a resolution he wishes to present.

DR. Q. A. R. HOLTON (Whittier, Cal.): The matter I wish to present to you is one that is coming before the profession and the laity more than ever these later days. I refer to the great prevalence and calamitous effects of venereal disease. My resolution pertains to that subject, and if you will give me your kind attention for a few minutes I will be brief.

WHEREAS, The widespread and increasing prevalence of venereal diseases is the cause of a large part of surgical operations, disease, race degeneracy, social disorder and premature death; and,

WHEREAS, The masses of the people are ignorant of these facts and therefore not ready for radical measures for their prevention; and,

WHEREAS, The medical practician has, by the force of public opinion, been compelled to be a party to the crime of infecting innocent and virtuous, trusting parties with these diseases; and,

WHEREAS, The medical profession is by virtue of its knowledge of the subject the only class capable of leading the people intelligently in this reform; therefore be it

Resolved, By the National Eclectic Medical Association of the United States, assembled in Louisville, Ky., June 20-24, 1911:

First, that it is the sense of this Association that the medical profession at large should unite in a systematic plan to promulgate among all classes a knowledge of the widespread prevalence, nature and calamitous effects of these diseases.

Second, that every physician should be required by law to keep a record of all cases of contagious venereal diseases coming under his care and report the same to the official charged with the issuing of marriage license in the county in which the patient resides; said county official to file the same and hold them subject to inspection by any applicant for marriage license or by any authorized agent of such applicant or by any one who may certify their intention to secure marriage license or by any parent or guardian having young persons of marriageable age under their control.

Third, that any person who shall infect another with venereal diseases should be held for damage or imprisonment, and any physician who shall fail to report any such case coming under his care should be held equally liable for damage or imprisonment with his unreported patient for any case of infection resulting therefrom.

Referred to the Advisory Committee.

TREASURER'S REPORT FOR YEAR ENDING JUNE 1, 1911.

Receipts.

1910.		
June 1.	By balance (cash on hand)	$1.154.32
1911.		
June 1.	By dues to 1911	2,334.15
1.	By New York dues to 1912	258.00
	Total cash received	$3,746.47

Disbursements.

1910.			
June 30.	Warrant No. 193	to W. N. Mundy	$60.00
30.	Warrant No. 194	to LANCET-CLINIC	10.50
30.	Warrant No. 195	to G. W. Thompson	78.50
30.	Warrant No. 186	to B. K. Jones	2.50
30.	Warrant No. 197	to Geo. A. Mooreman	2.85
30.	Warrant No. 198	to W. P. Best	11.05
30.	Warrant No. 199	to Wm. B. Burford	60.00
30.	Warrant No. 200	to E. G. Sharp	132.15
30.	Warrant No. 201	to W. P. Best	304.15
Oct. 1.	Warrant No. 202	to Miss M. M. Pedrick	50.88
10.	Warrant No. 203	to W. N. Mundy	275.00
Nov. 10.	Warrant No. 204	to W. N. Mundy	275.00
Dec. 1.	Warrant No. 205	to W. P. Best	96.85
Jan. 15.	Warrant No. 206	to J. P. Dougall	2.00
23.	Warrant No. 207	to W. N. Mundy	275.00
Feb. 8.	Warrant No. 208	to LANCET-CLINIC	42.50
	Total expense		$1,678.93

1911.
June 1. By balance on hand.....$2,067.54

Respectfully submitted,
E. G. SHARP, Treasurer.

Referred to the Advisory Committee.

Adjournment until 2 P.M.

TUESDAY AFTERNOON SESSION.

Convention called to order by President Munk at 2 P.M.

The resolution of Dr. Strouse, regarding an emblematic button was read by Dr. Best.

Resolved, That this Association purchase a button emblem of the accompanying type, changing the reading to conform, as it should, with the date of incorporation upon it. Then each year thereafter for our National meeting can be purchased a small ribbon and pin with the city of meeting and year stamped upon the ribbon.

Referred to Advisory Committee.

Vice-President Dr. John Perrins in the chair.

DR. PERRINS: It is with the greatest pleasure that I introduce to you the

President of the Association. We have had a very pleasant session this forenoon, as you all will bear witness. We have listened to some very eloquent addresses from the Governor of the State and from the Mayor of the city, and I think you have all been interested and well pleased with what you have heard up to the present time. Now, your President has traveled from California almost solely for the purpose of addressing this gathering, and I know we will hear something from him that will sink deep into our hearts and minds and stay in our memories—something that will repay us for the trouble and expense we have been put to in coming to this convention, and which shall redound to the praise and glory of the President himself. With great pleasure I introduce Dr. J. A. Munk, of Los Angeles, Cal. (Applause.)

This address is printed elsewhere in this issue.

President's address was referred to the Advisory Committee.

PRESIDENT MUNK: We are now ready to begin the regular work of the convention. According to the program the first section is that on materia medica and therapeutics, of which Dr. Pitts Edwin Howes is chairman and Dr. Glenn is Vice-Chairman. I believe Mr. Massinger, the Secretary, is not present.

Work in Section I—Materia Medica and Therapeutics—was taken up, with Pitts Edwin Howes, Boston, presiding officer.

WEDNESDAY MORNING SESSION.

Convention called to order by President Munk, executive session coming before section work. After announcements of meetings of various committees, Dr. Wm. P. Best read a synopsis of the minutes of Tuesday's meeting. Minutes stand as read.

DR. J. K. SCUDDER (Cincinnati): The Committee on Credentials have posted the names of 189 applicants for membership that have been received this year. The consitution requires their posting. I move that they be formally admitted into membership by the vote of this meeting.

Seconded and carried.

The list is as follows:

ALABAMA.

Deal, C. C., Ozark,
Daniel, J. W., Midland City.

ARKANSAS.

Beard, J. M., Slocum,
Jernigan, Roscoe M., Fitzhugh,
Karr, Maskell C., Little Rock,
Lee, I. A., Driggs,
Sanders, Wm. A., Athens.

CALIFORNIA.

Barbrick, J. S., Los Angeles,
Brown, H. V., Los Angeles,
Coates, G. L., Loyalton,
Coates, W. D., Cedarville,
Harvey, E. R., Long Beach,
Bolton, O. A. R., Whittier,
Lavery, W. A., Sierra City,
March, Wm. B., Burson,
Murray, C. L., Sacramento,
Newton, Oran, Long Beach,
Ormsley, E. O., Concord,
Riley, J. A., Almeda,

Stark, James, Oakland,
Stout, Geo. W., Ukiah,
Temple, Florence, San Francisco,
Weatherbee, L. B., Forest Hill,
Welbourne, P. M., Los Angeles,
Hubbard, B. R., Los Angeles.

COLORADO.

Angus, G. A., Brighton,
Quick, S. T., Ft. Collins,
Stanton, L. E., Sterling,
Yeager, W. S., Denver.

CONNECTICUT.

Markham, E. A., Durham.

FLORIDA.

Spencer, H. C., Gainesville.

GEORGIA.

Brantley, J. C., Atlanta.

Lee, S. B., Red Oak,
Patterson, G. W., Atlanta,
West, Grover, Carrollton,
Yelk, O., Atlanta.

IDAHO.

Barton, Clark A., Payette,
Snyder, Houston E., Stites.

INDIANA.

Ashbranner, J. H., New Albany,
Brown, Joslin DeEllen, Terre Haute,
Pagel, Charles W., St. Paul,
Porter, McG., Elnora,
Rinehart, J. D., Kokomo,
Smith, W. F., Huntington,
Tindall, Paul R., Shelbyville,
Wagoner, W. H., Peru.

IOWA.

Box, J. C., Ottumwa,
Gadd, B. F., Mitchelville,
Severs, Geo. T., Centerville,
Taylor, W. H., Waterloo.

KANSAS.

Bautert, J. H., Kansas City,
Branson, C. P., Harper,
Carback, Wm., Kansas City,
Ghormley, J. N., Kansas City,
Hoover, C. O., Centropolis,
Hunt, W. D., Emporia,
Jaquesm, S. N., Kansas City,
Lawrence, E. K., Edmond,
Leighton, O. L., Kansas City,
Machette, G. H., McPherson,
Scott, Mollie E., Kansas City,
Stienhauser, Wm., Hamlin,
Wimmer, Henry, Anchilles,
Jaques, G. M., Edmond,
Bromwell, Geo. W. E., Kansas City,
Fausset, G. F., Harper.

KENTUCKY.

Alexander, H. M., Fulton,
Beck, Chas. K., Smith's Grove,
Huff, J. P., Plummers Landing,
Johnson, H. L., Livia,
Lloyd, Simpson, Loves,
Fuller, T. L., Mayfield,
Miller, J. W., Warnock.

MICHIGAN.

Bell, V. L., Grand Rapids,
Bennett, Rorick, Detroit,
Kraft, F. A., Mishawaukee,
McLachlan, Chas., Elwell,
McLaughlin, Nelson L., Lake Odessa,
Murphy, C. H., Lansing.

MISSOURI.

Blaich, Julia E., St. Louis,
Brugel, Elizabeth S., St. Louis,
Cave, Jno. F., Kansas City,
Custer, C. M., Durham,
Dawson, B. E., Kansas City,
Evans, J. T., Springfield,
Heinzelman, A., Mt. Washington,
Hurwitt, Frank, Kansas City,
Craig, Howard, Kansas City,
Boone, Abner E., Kansas City.

Jamison, A. W., Winona,
Jones, E. E., Lilbourn,
Musick, J. D., Green Ridge,
O'Brannon, A., Annapolis,
Planck, F. M., Kansas City,
Price, W. H., Carterville,
Shirley, Geo. H., Eugene,
Short, C. D., Rockville,
Smith, J. M. T., Poplar Bluff,
Smith, T. H., Kansas City,
Talbott, D. S., Appleton City,
Welch, John A., Center,
Stindivan, Willard C., Kansas City,
Jackson, Geo. D., Kansas City,
McCroskie, M. R., Kansas City,
Hare, Wm. E., Kansas City,
Lamb, Elmer E., Kansas City,
Alexander, A. R., Kansas City.

NEW YORK.

Abrahamovitz, B., New York City,
Blackfan, K. S., Cambridge,
Birkenhauer, J., New York City,
Brunor, Emile, New York City,
Canitz, Paul, New York City,
Foster, D. H., Scottsburg,
Griel, Cecile, New York City,
Guillaume, C. T., Utica,
Heacock, J. W., New York City,
Terwillinger, Fred, Barton.

NEW JERSEY.

Jones, C., Jersey City.

OHIO.

Behymer, Harry, Mt. Washington,
Behymer, Edwin, Cincinnati,
Bloom, J. H., Youngstown,
Brubaker, M. M., Covington,
Chamberlain, H. H., Canton,
Cheney, W. G., New Boston,
Cloyd, H. S., West Alexandria,
Goode, S. G., Sidney,
Fritz, J. H., West Alexandria,
Kemper, P. A., Germantown,
Kitzmiller, C. R., Fresno,
Martin, H. P., Chillicothe,
Mercer, E. H., Grand Rapids,
Nesbitt, A. H., Hamilton,
Palmer, O. A., Cleveland,
Schneerer, F. W., Norwalk,
Trisler, L. W., New Vienna,
Weikel, Wm. F., Middletown,
Heflebower, R. C., Cincinnati.

OKLAHOMA.

Athey, J. O., Barhill,
Barton, A. C., Okfuskee,
Jones, H. O., Elk City,
McCartny, D. E., Lockbridge,
Price, Chas. D., Dougherty,
Tucker, Dixie B., Sulphur,
Tucker, Wm. M., Sulphur,
Watts, D., Speremore,
Wiley, J., Helena.

PENNSYLVANIA.

Bardwell, J. L., Ridgeway,
Bealor, E. A., Shamokin,
Bittner, C. R., Hooversville,
Fritts, W. H., Philadelphia,
Hazen, J. H., Titusville,
Kaiser, A. J., Frugality,
Keiper, J. D., Johnstown,
Kirk, C. H., Troutville,
Livingston, L. S., Johnstown,
Livingston, Frank, Salix,
Rauck, Kimmel, Johnstown,
Robinson, C. F., Carbondale,
Rouse, W. J., Williamsport.

SOUTH DAKOTA.

Kreiger, H. A., Crooks.

TENNESSEE.

Daniels, A. L., Lobelville,
Moncrief, J. T., Shelbyville.

TEXAS.

Adams, Kate, San Antonio,
Bates, L. V., Malone,
Bellamy, C. H., Dallas,
Bonebrake, Anna B., Dallas,
Carter, C. S., Savoy,
Cobb, D. B., Blanket,

Duren, V. E., Sabinal,
Gragg, L. F., Anchor City,
Harrison, Edith, Hagerman,
Harrison, Fred., Hagerman,
Heard, E. F., Goree,
Huckabay, W. L., Winchetser,
Jones, U. O., Crystal Springs,
Lannius, J. A., Bonham,
Morrow, W. C., Trenton,
Owens, J. F., Plainview,
Remy, W. O. B., Wilmer,
Salter, J. M., Shannon,
Schaumloffel, H. G., Wichita,
Seagraves, S. L., Era,
Willett, H. L., Newton,
Williams, G. W., Mercle,
Wimmer, W. W., Gober,
Jones, T. W., Stockdale,
Bridge, W. E., Bonham.

WISCONSIN.

Brewer, J. B., Jefferson,
Haney, F. C., Watertown,
Hill, G. R., Kendall,
Kraft, F. A., Milwaukee,
Quade, Emil B., Wausan,
Rödecker, C. W., Holcombe,
Seldon, W. B., Thorpe,
Thompson, Ira Fay, Reedsburg.

SECRETARY BEST: I would like to say something in regard to delinquent members. A list has been posted of the delinquent members up to the time of closing the lists for the year. All of the delinquents so posted are liable to have their subscription to the QUARTERLY cut off in a short time, in accordance with the rules of the Postoffice Department. Anyone who is here who knows himself delinquent, and wants to be put in good standing, should take notice. Anybody here who has a friend who is delinquent should urge him to put himself in good standing. It will save us trouble, and it will save the individual members the loss of the journal, or coming in with a request for back numbers which are not available.

PRESIDENT MUNK: The time has come for the regular program. The section for this morning is the "Practice of Medicine." Dr. A. F. Stephens, of St. Louis, will now address us on "The Trend Toward State Medicine."

(This address is printed elsewhere in this issue.)

Work in Section II—Practice of Medicine—was taken up, with the presiding officer, Q. A. R. Holton, M.D., California, in the chair.

The following papers were read:

"Neurotic Disturbances and Renal Affections," by Dr. W. R. Ruble, Smith's Grove, Ky.

"Chapter on My Forthcoming Book on Mental and Nervous Diseases," T. D. Adlerman, M.D., New York.

WEDNESDAY AFTERNOON SESSION.

Convention called to order by the President at 2 P.M.

DR. MUNK: At the opening of this session Dr. Sibley, of Brooklyn was to address us, but he is not able to be present, so Dr. Thomas, of Cincinnati, has kindly consented to fill his place. We will now listen to Dr. Thomas. (Address printed elsewhere in this issue.)

PRESIDENT MUNK: We will now proceed with the regular program, which is the section on surgery, of which Dr. Wilmeth is chairman.

DR. F. L. WILMETH (Lincoln, Neb.): I hope that this section will be made as interesting as possible, and that a large number will remain.

Work in Section 3, Surgery, was begun with the presiding officer, Dr. F. L. Wilmeth, Lincoln, Neb., in the chair.

Adjournment until evening session.

Wednesday night a public meeting was held in Masonic Theater.

(Addresses appear elsewhere in this issue.)

THURSDAY MORNING SESSION, JUNE 22.

Convention called to order by the President.

DR. MUNK: We will now hear the report of committees. Is the Advisory Committee ready to report?

DR. BOSKOWITZ: Your Advisory Committee organized, and has referred to the sub-committees the work that was placed before them, and they are ready to make a report. Dr. Davis will report on the President's Address.

The report was adopted.

DR. DAVIS: Your committee, to whom was referred the President's Address, desires to report that its perusal has given them great pleasure and satisfaction, and we recommend its careful and thoughtful consideration by every member of the Association, and feel sure that it will give them both pleasure and profit; and we further recommend that this Association endorse especially that portion of the address which refers to schools of medicine, and therefore be it

Resolved, That while striving for our rights as an independent school, we do not desire to interfere with or strangle any thought in medicine simply because we do not agree with it. We wish to accord to others the same right to independent existence that we demand for ourselves. We desire also to endorse and ask your special approval of President Munk's reference to the National League of Medical Freedom; therefore be it

Resolved, That this Association send to the National League of Medical Freedom its thanks for the work that it has done and is doing in the cause of medical freedom.

DR. BOSKOWITZ: I would suggest that you call for the names of the Electoral College.

The names of States were called by Dr. Mundy, each State being entitled to two members and each college to one.

Moved and carried that the Electoral College meet tomorrow, Friday, morning at eleven o'clock.

Report of Advisory Committee on Secretary's Report, by Dr. Scudder.

We commend heartily the excellent detailed report of Secretary Best's work during the past year, and believe his suggestion in regard to the need of organizers a very valuable one; and,

Resolved, That we recommend to the Association the appointment by the President, with the approval of the Executive Committee, of not to exceed five (5) district organizers, who shall devote not less than twenty days to visiting State societies in their section and in the necessary correspondence with Eclectic physicians, to bring all of them in affiliation in both State and national society, traveling and other expenses and salary to be limited to two hundred dollars each. Limit, $1,000 for the next en-

suing year. We believe the entire State membership can eventually be brought into our organization. (Signed) J. K. Scudder.

The Advisory Committee on Corresponding Secretary's report was made by Dr. Stephens.

Your Advisory Committee, in recommending the adoption of the report of the Corresponding Secretary, without suggestion or changes, heartily congratulates Dr. Mundy upon his splendid work during the year just past, and further recommends that this Association extend to him a vote of thanks for his constant devotion to its interests.

(Signed) A. F. Stephens,
E. G. Sharp,
J. B. Davis.

The report was adopted.

Dr. G. W. Boskowitz: I move that the thanks of this Association be extended to Dr. Mundy by rising vote.

Vote taken, all rising.

The following report of Committee on Permanent Badge was then read:

We, your sub-committee, to which was referred the resolution concerning a permanent emblematic badge, would respectfully recommend the appointment of a committee to give the subject due consideration and report at next annual meeting. Respectfully submitted,

A. F. Stephens,
E. G. Sharp,
W. P. Best.

President Munk: If there is nothing else, we will proceed with the program. Dr. Perce is on the program at this time, but he is not here, so we have arranged for his time to be occupied. Mrs. M. E. Garrett will occupy this time and will speak to us on the subject, "Don't be a Bat." (Published elsewhere in this issue.)

The report of the Advisory Committee on the Holton resolution was then presented:

We, your committee, to whom was referred the resolutions introduced by Dr. Q. A. R. Holton, for the prevention of the spread of venereal diseases, respectfully submit the following preamble and resolution:

Whereas, The widespread and increasing prevalence of venereal diseases is the cause of a large part of surgical operations, disease, race degeneracy, social disorder and premature death; and,

Whereas, The masses of the people are ignorant of these facts, and therefore not ready for radical measures for their prevention.

Resolved, By the National Eclectic Medical Association assembled at Louisville, Ky., June 20-24, 1911, that it is the sense of this Association that the medical profession at large should unite in a systematic plan to promulgate among all classes a knowledge of the widespread prevalence, nature and calamitous effects of these diseases.

Respectfully submitted,

B. K. Jones,
E. G. Sharp,
J. B. Davis.

The report was adopted

Dr. L. E. Russell (Cincinnati): I notice the President has taken drastic action, and has caused Congress to pass an act against the bombast of cure-alls and dangerous drugs, and I believe it should be the consensus of this meeting at this time to send a telegram to President Taft, commending him for his action in this respect. I think he has taken advanced ground, beyond that of the American Medical Association or any other medical society, and I think it is proper and right that we should approve his action. I therefore offer this resolution:

Resolved, That the National Eclectic Medical Association, in its annual convention, assembled in the city of Louisville, unanimously approve and heartily commend the President in his firm position in denouncing the bombastic advertising of "cure-alls" by manufacturers of "worthless nostrums" and dangerous "drug frauds." We feel that President Taft has taken advanced ground for great good to the American people; that all medical men, regardless of schools, will view with delight the prompt consummation of the action by a law and remedy by our national lawmakers.

President Munk: The resolution is referred to the Advisory Committee. I will now ask Dr. Davis to come to the platform and take charge of this section. Dr. J. B. Davis, of Pontiac, Ill., is chairman and Dr. W. N. Holmes, of Nashville, Tenn., is secretary.

The work of Section IV—Obstetrics—was taken up with the presiding officer, J. B. Davis, M.D., Pontiac, Ill., in the chair.

Dr. Mundy reports that the Advisory Committee voted unaimously upon the resolution of Dr. Russell, and ask that Dr. Russell be made a committee of one to send the telegram to President Taft.

The report was adopted.

Thursday Afternoon Session.

Convention called to order by the First Vice-President, Dr. John Perrins, at 2 p.m. There being no reports of committees, the first number on the program was the address by Dr. W. N. Mundy on "Preliminary Qualifications." (Printed elsewhere in this issue.)

Dr. Perrins: We will now proceed with the regular order of business for this afternoon session.

The work of Section V—Gynecology—was taken up with the presiding officer, John Perrins, M.D., Boston, Mass., in the chair.

Friday Morning Session, June 23.

Convention called to order by the President.

Report of Finance Committee, Dr. Kinnett, chairman, was read.

Your Auditing Committee beg leave to report as follows:

We have examined the books and vouchers of the Secretary and Treasurer, and find them correct. Respectfully submitted,

W. E. Kinnett,
W. T. Gemmell,
Lee Strouse.

Referred to Advisory Committee.

The report of the Committee on Revision of the Constitution and By-Laws was then read and referred to the Advisory Committee.

Dr. J. K. Scudder: I would like to ask for some information on this matter. This was a special committee appointed by the Association one year ago to bring in a revision of the Constitution and By-Laws. This committee has worked faithfully for the entire year by correspondence, has worked faithfully for three days at this convention, at which they have had four long meetings, and this report that Dr. Kinnett has is their best effort. I do not see but what this comes under special instructions from the Boston meeting, and while I do not want to stand on a technicality, yet if the Advisory Committee is to go over this report again before it comes to this body, it will be held up another year on account of possibly a few technicalities and differences that may arise. In other words, if this report is in a general way satisfactory, I would like to have some assurance that it will be brought before this body before we adjourn at noon.

President Munk: It is for this very purpose that it is referred to the Advisory Committee, that it may not be held up.

Dr. Boskowitz: The Constitution calls for its being sent to this committee without debate. Nobody has a right to debate the question now.

Dr. Munk: The report is referred to the Advisory Committee.

The report of the Advisory Committee on Treasurer's report, Dr. Jones, was then read:

We, your committee appointed to examine and report upon the Treasurer's report, respectfully approve the same, and recommend that arrangements be made to secure surety bonds for the Recording Secretary and Treasurer at the expense of the Association.

B. K. Jones,
J. K. Scudder.

The report was adopted.

The report of the Advisory Committee on resolutions by the ladies, Dr. Hardy, was then presented:

Whereas, The ladies of this Association have been entertained in a most hospitable and delightful manner; therefore be it

Resolved, That we, the ladies of the Association, express our thanks to Dr. J. C. Mitchell, his mother and sister, to the Publicity League of Louisville, and to Col. Simmons for their kindness and thoughtfulness to us and for their generous provision for our comfort and entertainment.

Resolved, That we hereby request the Secretary of this organization to prepare for us a written vote of thanks to Dr. Mitchell, to the Publicity League and to Col. Simmons, whose gracious hospitality has made yesterday a day long to be remembered by those fortunate enough to participate in its pleasures.

Janet D. Quinn,
Louise Eastman,
Lillian G. Blanchard, M.D.,
Mrs. J. P. Harvill,
Mazy Williamson Helbing,
Nannie M. Glenn.

Florence Tippett Truax, Secretary.

Moved and carried that the report be adopted.

The report of the Advisory Committee on resolutions of thanks, Dr. Davis, was then read:

The National Eclectic Medical Association in Louisville assembled do hereby take recognition of the many favors accorded this Association; be it

Resolved, That we do hereby extend our many thanks to the Governor, Mayor of Louisville, Publicity League, the public press, hotel management, Dr. Mitchell, Ds. Strouse and Dr. Rudd, of the Kentucky State Society, also the ruling officers of the Association.

B. K. Jones,
J. B. Davis.

The report was adopted.

The report of the Advisory Committee on report of Revision Committee was then called.

Dr. Boskowitz: This report came too late to receive consideration at the hands of the Advisory Committee. They have not time to read it over. They therefore present it without any recommendations whatever for your careful consideration. I move the adoption of the report.

Carried.

Dr. Boskowitz: I move that the report of the Advisory Committee as a whole be adopted.

Carried.

Dr. Boskowitz: I now move that this report of the Revision Committee be taken up at this time and brought before the Association seriatim.

The report was read section by section by Dr. Mundy.

Article I—Constitution—no change.

Article II, no change.

Article III, no change.

Article IV, word "approval" changed to "consideration."

Article V, no change.

Article VI.

Dr. Boskowitz: I would like to call attention to the point of twenty-five members constituting a quorum. I think that should be changed so a certain number of States would be represented. For example, this morning, if this had been delayed a little bit longer we might have had twenty-five members present, but they might have been from two States—Ohio and Kentucky or from Kentucky and Tennessee. We had better be a little cautious, so that these twenty-five members will represent five States, or any number you choose, so we may be assured that the legislation will not drop into the control of one or two States.

Taken by consent that this article shall read, "Twenty-five members representing at least five States, shall constitute a quorum."

Article I—By-Laws—No change.

Article II, no change.

Article III, the words "Eclectics especially" omitted.

Article IV, Section 2 omitted .

Article V, no change.

Article VI.

Dr. J. K. Scudder: With the permission of the committee, I would like to insert here "a committee of three on necrology and history." This would cover Dr. Rodecker's opinion of this morning.

Amendment accepted.

Consent given to have two committees, a Finance Committee and an Auditing Committee.

Article VII, Section 2, papers limited to three minutes for discussion.

Section 4, papers shall be delivered to the Secretary at the close of each session of a section.

Article VIII. no change.

Moved and carried that unanimous consent be given for adoption of this report.

Moved and carried that the report be adopted as a whole as revised and amended. (Constitution as revised printed elsewhere.)

President Munk: It is now time for the meeting of the Electoral College. The section of pediatrics can be held during the meeting of the Electoral College.

The following States were called for the Electoral College and responded: Arkansas, California, Connecticut, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Missouri, New York, Ohio, Oklahoma, Wisconsin, Pennsylvania, Tennessee, Texas.

The work of Section VI—Pediatrics—was begun with the presiding officer, Florence Tippett Truax, M.D., Atlanta, Ga., in the chair.

President Munk: The exercises of this convention have about concluded. We will now hear the report of the Electoral College, by Dr. J. K. Scudder, the Secretary.

Dr. Scudder: The Electoral College convened and elected Dr. Kinnett President and Dr. Scudder Secretary. It was represented by delegates from Arkansas, California, Connecticut, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Missouri, New York, Ohio, Oklahoma, Wisconsin, Pennsylvania, Tennessee and Texas. The following officers were nominated and elected:

President—A. F. Stephens, St. Louis.
First Vice-President—G. T. Fuller, Mayfield, Ky.
Second Vice-President—Thos. Owings, Hinkly, Ill.
Third Vice-President—Mrs. Nannie Glenn, State College, Pa.
Recording Secretary—Wm. P. Best, Indianapolis.
Corresponding Secretary—W. N. Mundy, Forest, Ohio.
Treasurer—E. G. Sharp, Guthrie, Okla.
Place of next meeting, Washington, D. C.
The report was adopted.

President Munk: The new officers will now be installed if they will come to the platform. Dr. Scudder will introduce them.

Dr. J. K. Scudder: I take pleasure in introducing Dr. Stephens, of St. Louis. He is something of a fire-eater, he is sometimes called radical, but he is a true Eclectic. You can always tell where he stands. I know he

will do his duty by this Association during the ensuing year as your President, as your officers have done in the past.

Dr. Stephens: Mr. Chairman, members of the Association, I shall not attempt to make a speech. I simply desire to say that with the help of every member of this Association we can in the future, as in the past, make it a success. Without the help of every member it cannot be a perfect success. As Dr. Scudder said, I am a little bit of a scrapper, but I never scrap with my friends. Although I may oppose some members of the Association in their ideas, I never oppose them in an offensive manner, and when their opinion prevails I am always ready to sit down and submit, although my mind may not be finally changed. I want to assure you that you may expect imperfections in my work, and I want you to criticize me; and if you have anything to say concerning my work, do not go to someone else; come and say it to me. If you have any objections to make to my way of doing things, I can assure you they will always be given due consideration. I want you to feel that while I may be radical, as Dr. Scudder says, that I will be the last man in this Association to ever do one solitary thing that will lower the organization in the estimation of its members or the people. In closing, I will say again, give me your entire and earnest help, and we will carry this organization on to success as it has been carried in the past. I thank you. (Applause.)

Dr. Scudder: I am unable to introduce Dr. Fuller. He was compelled to go home hurriedly yesterday afternoon. But you all know him by reputation. He was for seven or eight years the Eclectic member of the State Board of Health in Kentucky. He has been a member of the Kentucky Association for years, and in behalf of the Kentucky Association and in behalf of Dr. Fuller, I want to thank the Association for electing him.

The same applies to Dr. Owings. He has been here, but is not here at the present time.

It affords me great pleasure to lead to the rostrum your Third Vice-President, Mrs. Nannie M. Glenn, of State College, Pa.

Mrs. Nannie M. Glenn: This is certainly a great surprise to me, and I thank you for the honor. I am ready to do anything that is required of me for the good of the Association. (Applause.)

Dr. Munk: We would like to hear from the other officers, Dr. Best, Dr. Mundy and Dr. Sharp—our standbys, our wheel-horses. These men are so important that we have to have them year after year.

Dr. Scudder: There is no necessity for introducing these old men. (Applause.) They have done you and you have done them. Now they are going to do you again for another year. You have been satisfied with their excellent services in the past, and for that reason you have re-elected them. Their services speak for themselves, but I would not take away from them the American privilege of speaking for themselves.

Dr. Wm. P. Best: Mr. President, ladies and gentlemen—I am sorry that my hair is just a little bit more gray than Dr. Scudder's, because I think he has me beat a little when it comes to age. Anyhow, he feels at liberty

to say a good many things about me, because we happened to graduate in the same class. It seems strange that you people are willing to allow one man to work for you so long. I feel that you are quite willing to allow me to continue in your service, or you would not have re-elected me. I was in Kentucky once before when Dr. Watkins said I was not allowed to speak, but I am above him now, and will say what I please. I wish to thank you very much for the endorsement of the work that we have endeavored to do for you in the past three or four years. We have gone into this work heart and soul. I assure you your officers and your Executive Committee in the last year have been imbued with but one idea, and that is the best interests and the largest measure of success possible for the entire Eclectic medical profession throughout the entire Union, throughout each and every State and every individual society. We have labored hard to bring into the fold as many as possible—all if possible—of the men who are now members of the various local societies, and as many more as shall come within our reach and within the possibility of our efforts. Again I thank you for the continued honor you have bestowed upon me. We will get to work and try to complete, in a measure at least, the work that we have for three years carried on to the point of success to which we have attained. (Applause.)

Dr. W. N. Mundy: Ladies and gentlemen of the National Eclectic Association—I think you have heard a good deal from me this morning in the reading of the Constitution and By-laws. However, I want to thank this Association for the encouragement you have given me, for the faith and confidence you have placed in me in re-electing me for the third time to this position. I esteemed it an honor when I was first elected as editor of the Quarterly, and I feel yet, as I did then, my inability to edit satisfactorily a medical journal; and so—I say it candidly and honestly—I do not attribute to my own individual efforts the success of this Quarterly, but this success has been attained by the aid I have received from the officers and from you individually, and I hope I will receive during the coming year the same courteous treatment and support that you have given me in the past, that we may make our Quarterly more of a success than it has been, for I have come to view it with a good deal of solicitude, as I would a growing child. I thank you again for your confidence, and I hope that when we meet in Washington we may have a membership of over twelve hundred paid-up members of this National Association. I am sure the success of the Association in the past two years has more than fulfilled the expectations of its most ardent admirers when the reorganization was effected in Chicago two years ago. (Applause.)

Dr. E. G. Sharp (Guthrie, Okla.): Mr. President, members of the Association—The Treasurer is supposed to listen to what is said, pay his bills, and not talk too much. I appreciate the confidence of the National Eclectic Medical Association in their re-election of me to this position of trust. A number of years ago when I was first elected treasurer of the Association, I promised the membership that I would do all I could to keep them in good standing by eternally nudging them up to pay their dues. When I got

the books at that time and investigated them I found that while there were several hundred names on the books, there were actually less than four hundred whose dues were paid. However much the change from the old to the new plan under which we are working may be criticized, the fact remains to-day we have considerably over one thousand members in good standing, with assurance that in the near future we will make it over fifteen hundred. (Applause.) This speaks for itself. The new plan, however much criticized heretofore, has given results not only in numerical strength, but in the financial condition of the Association. When I first became Treasurer the balance on hand was considerably less than $1,000. This year, at the close of the fiscal year, there was considerably over $2,000 on hand, and that does not include almost $1,000 that came in during the days after the fiscal year closed and prior to this meeting. That also speaks for itself—and it takes cash to pay the bills.

Under the new plan, however, the Treasurer is somewhat in the position of the resolution which the doctor from California presented, and which he compared to his pup that had its teeth extracted—he is absolutely powerless to get after you individually. He becomes the passive recipient; he must wait until the Secretary hands him the money, and then pay it out as bills are presented. However, being a passive recipient, relieves the Treasurer of some responsibility, some criticism, and a whole lot of work. I believe I have nothing more to say, except that I will perform the duties of the office in the future as I have in the past—to the best of my ability, and conscientiously, and will pay all the bills when presented if there is money in the treasury to pay them. (Applause.)

Dr. G. W. Boskowitz: Before we adjourn I should like to say just a word, not in the shape of a report exactly, but in regard to your Press and Publicity Committee. We have in this city received such magnificent notices from the press, and we have thanked them, and we have thanked Dr. Mitchell along with the others. But I feel that your attention should be called to the great work that Dr. Mitchell has done. Although there has been a Press Committee, Dr. Mitchell has done all the work, and to him the thanks of this Association are especially due. He has worked hard, he has worked constantly, and for whatever publicity we have had, for whatever good may come from what has been in the papers, he deserves the credit. (Applause.) I move that we express our appreciation by a rising vote.

Carried.

Dr. Mitchell: I am sure that what I have done is overestimated by Dr. Boskowitz. I am very glad to have been able to do anything to make the convention a success.

Dr. J. K. Scudder: Through some oversight no mention was made in relation to the salary of the Corresponding Secretary and Editor of the Quarterly. It was talked over and decided that a salary of $300 should be allowed, and this should have been included in Section 5. It is too late now to take any action in the matter, but it will be necessary to provide specifically for the salary of the Corresponding Secretary and Editor of the Quarterly,

and I move that a salary of $300 be allowed Dr. Mundy as Secretary and Editor of the QUARTERLY for the ensuing year.

Carried.

Adjourned to meet in Washington, D. C., June 18-21, 1912.

PRESIDENT'S ADDRESS.

J. A. MUNK, M.D., LOS ANGELES, CAL.

We meet again today in another annual convention to represent national Eclecticism, or the American practice of medicine, in the United States. I need not repeat the history of Eclecticism at this time, as the story has been often told, and is readily accessible to those who are unfamiliar with the subject. Suffice it to say that it started as a protest against the murderous practice of Allopathy about one hundred years ago in much the same manner as other systems of healing have started since that time.

Notwithstanding that Allopathic medicine has been acknowledged a complete failure, as is proven by the fact that the dominant school of medicine has completely reversed itself during the past fifty years by changing from the heroic dose to giving no medicine, yet, in the face of such evidence, Allopathy assumes to be the embodiment of all knowledge and wisdom, and asks to be placed in supreme power by the enactment of laws that would give it exclusive control. It wants only Allopathic physicians appointed to the public health service, aims to dominate all schools of learning, and even seeks to enter the privacy of the home and dictate what shall be done there. During the past twenty years, while honest men slept, the American Medical Association has built up a powerful political machine which is intended to promote its own arbitrary and selfish schemes, and has succeeded only too well in its endeavors. But at last the people have been aroused to a sense of their danger, and are earnestly protesting against the evil influence that is being exerted by this trust power.

ORGANIZATION.

During recent years the tendency in all branches of business has been to unite and concentrate every line of business into a single combination or corporation so, that by combined influence of large numbers and great wealth, competition, which is the life of trade, is killed and the small dealer put out of business. By such selfish and unfair methods every living interest has become a monopoly that is managed in the interests of a few men, and has made them immensely rich at the expense of the many. This is certainly the age of mammon worship, and at no time in the history of the world have such vast individual fortunes been accumulated as have been amassed in our generation. Individuality has thus become lost in the corporation and corporations are said to have no souls, conscience or responsibility. The same greedy, selfish power that rules in the business world seeks to get control of all educational institutions and of the professions and limit their number to the wealthy class.

Allopathy, through its central organization of the A. M. A., is opposed to every system of healing or treating the sick but its own, and is doing everything in its power to prevent competition. A clique in that body which, although in the minority, yet by its splendid organization, controls the majority. Its system consists of a perfect organization of all the societies, county, State and national, with a full set of organizers and promoters in each State, who work together under the direction of the clique. Its influence thus becomes far-reaching and aims to compel every physician in the land to either join the association or quit doing business.

The independent school of medicine which desires to continue a separate existence, finds it imperative that all of its members must unite in a counter organization to resist such oppression and "fight fire with fire." This emergency is what brought about the reorganization of Eclecticism in a closer affiliation of the several State societies with the national body, and is the chief reason for our being here today. It is highly important that all loyal Eclectics stand together in this crisis and present a solid front to the enemy. Standing alone counts for but little in such a struggle for liberty and independence. It is only by uniting our individual units throughout the land and acting together in unison through the National Association that we can ever hope to measure up to our full strength and maintain our standard. The work of reorganization has progressed rapidly and is about completed, and success seems to be assured. If any one among us is in doubt as to what he is or where he belongs, or is of that half-baked, nondescript "I don't know what I am" kind of an Eclectic, it is high time that he be immediately reconverted or go where he belongs.

Any enterprise that is a success must be properly managed. If your private business is permitted to run itself, or is managed by an enemy it is certain to fail. The same is true of Eclecticism if it is conducted on a similar basis. The thing that is most needed is being done, standing together in behalf of our own interests and fighting the common foe. Nothing delights Allopathy so much as when it does things to its rivals. If it can create any disturbance in our ranks and lose us a college, or cause dissatisfaction and discord among the members of our State societies and get them to pull at cross purposes with the National Association, the machine is only too well pleased with its work. Our association represents the strength of Eclecticism in the nation, and the officers are its authorized agents to see that its business is properly done. These men are worthy and deserve your utmost confidence and need your earnest support to give them success. If anyone here is in doubt or is pessimistic, suspect your enemy if you must, but believe and trust your friends. Your officers are striving to improve conditions, and if they make mistakes, rest assured that they are not intentional. When the new order of things is established and every Eclectic becomes an earnest and active worker for the cause, it will be a glad day for Eclecticism. The strength of an army does not rest wholly in numbers, but much depends upon the fighting quality of its men—soldiers who will stand in the face of the enemy and receive unflinchingly the shock of battle.

Cowards and skulkers are no help in such a crisis, and the sooner they are lost the better it is for the loyal, fighting soldiers.

EDUCATION.

Judging from results, there seems to be something radically wrong with both the objects and methods of teaching. There is even much difference of opinion as to what education really consists of. As long ago as the seventeenth century William Penn wrote on the education of youth, and said: "We are in pain to make them scholars, but not men. To talk rather than to know, which is true canting." In 1863, Thomas L. Eddy, the noted Methodist divine delivered an address at the commencement exercises of the University of Iowa, in which he remarked, "Next to the question of what becomes of all the pins, is the question what becomes of our premium college graduates?" Only recently Charles W. Eliot, retired president of Harvard College, stated in substance that a five-foot shelf of selected books, diligently read and studied, was sufficient to give a man a liberal education. These quotations show the different opinions of men at various periods in our history on the subject of education and denotes that the standard of perfection is far from being unanimous. Much time and many subjects, as well as much literary junk, are included in the average course of instruction. Every curriculum contains some useless material, and no single schedule can be constructed that will fit perfectly the needs of each pupil. The elementary branches are apt to be slighted and too much time is devoted to finishing, which is but a poor veneer to cover up existing defects. How common it is, even among educated people, to find those who do not write or speak the English language correctly, while spelling has become one of the lost arts.

In all education the rudiments are always important, but are often slighted, to the irreparable damage of the pupil. The time that should be devoted to essentials is given to foolish fads that may please the vanity of the teacher, but are of no real benefit to the student. This condition is as true of medicine as it is of education in general, and is to be deplored, as it wastes valuable time and squanders hard-earned cash. A course of study should be selected that is adapted to the pupil in the direction of his natural bent; and knowledge must be mixed with common sense in order to give the best results.

Education is being conducted more and more on the monopolistic or corporation plan. Vast sums of money are spent on buildings, endowment and equipment and because the institution looks big, its popularity seems to grow with its size. Influence, which means more money, is steadily going into these large institutions, until they have grown to be top-heavy and unwieldy. The purpose is to reduce the number by increasing their size and limiting the product. Money, indeed, is a power and of great value when sanely used in all the affairs of life, but it is not everything, and should not be worshiped supremely as was the golden calf. When education means only mere show or material gain, it has missed its mark and begins to decline.

Such is the history of great wealth among all nations since the world began and keeps repeating itself. The smaller college does more good and better work in proportion to its size than does the university. In proof of this assertion, note the fact, which is frequently seen, that the smart professor in our large institutions is nearly always a graduate of some small college. Money, by itself cannot accomplish everything, but to become really effective it must be accompanied by brains. Wealth is often more of a hindrance than a help, as its possession removes the incentive or necessity to work; and we all know very well that "there is no excellence without great labor."

THE POOR BOY.

Abraham Flexner, in his report, speaks flippantly of the poor boy as not being worth a thought. He says, "It is clear that the poor boy has no right to go into a profession for which he is not willing to obtain adequate preparation," and might as well have added that the poor boy has no right to live, anyhow. This statement not only shows prejudice, which is ignorance, but is also misstatement of fact. When he talks like that he slanders the best men that ever lived, who started poor in life. The boy who has an ambition to engage in a profession is not only willing, but anxious, to acquire the necessary preliminary preparation to fit himself for the higher studies of his profession; but, from lack of time and money, he is not always able to acquire such knowledge in the usual manner, but succeeds in his own way if he is given half a chance and is let alone, by steady work and a fixed determination to win.

It used to be that the poor boy had a chance to make something of himself, and how grandly he often succeeded history records. Abraham Lincoln and Thomas A. Edison are only two illustrious examples out of many that could be mentioned of successful individual effort, who practically never went to school nor even saw the inside of a college, yet became world-famous as men of achievement. Compared to such men of giant intellect, Mr. Flexner is scarcely more than a microbe. His class of gentry are never able to earn a living for themselves, but are always looking for a string that is tied to some man with plenty of money who will support them. Such a connection gives the small man some courage and a feeling of much importance and affords him the harmless amusement of barking and biting at the heels of his superiors.

Under the modern conditions of society the poor boy has but little show and sees nothing ahead but degrading drudgery. He cannot engage in any business for himself, as he has no capital to invest and is unable to compete with the trusts; is shut out of college for the lack of funds to pay his bills, and cannot enter a profession because of unreasonable requirements; and is even denied the right of apprenticeship to learn some useful trade by the labor unions. All that he can do is either to become a hobo to wander up and down the earth begging a living, or else become a criminal, and by committing a crime break into jail to spend a lifetime. The rich boy, with plenty of money goes to school, but fails to appreciate his opportunity.

Being reared in luxury, he does not care to work or study, and spends his time in ease, idleness and pleasure. If he lacks anything he has money and can buy it; but a whistle cannot be made out of a pig's tail, even if the pig has got money.

STANDARDS.

Some general standard of regulation and conduct for the physician seems necessary to guard the dual interests of the profession and the public. It is not the people, however, who ask for medical legislation, but the political doctor who needs support and wants a job. The question is not so much whether there be a standard, but, if adopted, that its provisions be equitable to all concerned. A physician, when he assumes the responsibility of prescribing for the sick, should be able to show some authority for doing so and give some evidence of his qualifications. There are many persons who believe that the system of examining boards now in vogue is not the best method of establishing a standard.

In such a system there is too much difference between the various States, and no two of them agree. As it is, the physician who moves from one State to another cannot practice until he passes another examination and receives a new license. This seems unnecessary and discriminates against the experienced practitioner, in favor of the young graduate who has not yet acquired much practical knowledge. If a man has received his license in one State, or is fit to practice medicine at all, this right should be recognized in every State in the Union. But the political doctor, who manipulates legislation, does not want it that way. His object is to limit the number of physicians and hinder the doctor from moving from one State to another. The claim is sometimes made that there are too many doctors, which may be true of the kind who make the complaint, but cannot be true where there is competition. These kickers are usually failures who cannot meet competition. The competent, successful physician does not have to beg for a position or a salary, as he is fully able to support and take care of himself.

There must be some plan of reciprocity devised which will permit the licensed doctor to practice in any State of the Union in which he chooses to live. Many able men in the profession, regardless of school, who are in active practice and exceptionally skillful and successful physicians, cannot pass a State board examination. The subjects that are included in such an examination are not of the practical sort—the practice of medicine and surgery and the curing of the sick—but consist of theoretical and laboratory subjects which only interest teachers and research men, and are of no particular value to the physician. Such an examination makes it impossible for the practical man to pass the board, which prevents him changing his abode with a view of continuing in business. Many of the members of the various State boards would fail to pass their own examinations if put to the test. It is this obstructive policy which has been injected into all modern medical legislation that makes it so objectionable. Its purpose is to have fewer medical colleges and limit the number of graduates and physicians in order to give the political doctors a chance.

It does seem as if there might be a better standard fixed for the medical profession than a State board examination. The man who holds the diploma of any reputable and qualified medical college should have his passports to do business anywhere in the United States. The adoption of this rule would form a feasible and just basis for all and nobody could be charged with prejudice or unfair dealing. Let the colleges be censored if necessary, only so that all are required to do a reputable and square business; give a competent and thorough course in all branches that pertain to medicine, and not graduate any student who does not have merit. After a man has once graduated and gotten his diploma it ought to give him permission to practice in any State or community in the Union.

NATIONAL LEAGUE.

We, as Eclectics, are a separate and independent school of medicine, but we are not the only one. It is as necessary and beneficial to have a variety of schools of medicine as it is to have parties in politics or sects in religion. Each school, party or sect permits the citizen to have a choice, to select what he wants and gives him the opportunity to act with those of his own way of thinking. This is his constitutional right under our system of free government, of which we are all so proud. Attempts have been made to invade and annul this inalienable right. The same spirit of monopoly which pervades the commercial world is also found in medicine. To establish one school of medicine to the exclusion of all others would create State medicine, which is just as obnoxious and dangerous as is State religion. A variety of schools, parties and sects is an advantage, as it causes a friendly rivalry by each one striving to excel the others, and a healthy competition that benefits the majority, which is as it should be, especially in a government like ours, where majorities rule. This coveted power has been sought after for many years by the political ring in the A. M. A., which it hopes to obtain eventually through State and national legislation.

All of the minor schools of medicine known as the Allies are opposed to such action on the ground that it is class legislation and unconstitutional; but neither one of the Allies is strong enough to engage the enemy single-handed. It also does not seem to be convenient for them to unite their several interests in one counter organization. In this crisis a new and welcome friend has appeared upon the scene to lend a helping hand. The National League for Medical Freedom was organized only one short year ago as a lay movement in opposition to the offensive activity of the A. M. A. to force the Owen's bill through Congress and establish a Public Health Bureau. Owing to the League's timely and energetic protest, the bill failed to pass, but it is up again in a modified, but no less objectionable, form, to be acted on during the present extra session of Congress. That the bill will again be defeated goes without saying, now that the people have been warned of their danger. If such a bill ever becomes a law, it will be a serious menace to liberty and freedom in the United States, and will be the

entering wedge for other objectionable and harmful legislation of a like character.

The scope of the League is nation-wide, and has branch offices in nearly every large city of the Union. Its function is to expose and oppose the evil designs of the medical trust in its endeavors to fasten itself upon the States and nation; to give publicity to every point of interest and teach the people the right and wrong of everything that pertains to the subject. It is pledged to oppose every attempt to legislate against the interests of the people, or to rob the citizen of his liberty and right to choose his own medical adviser. The objects of the League meets exactly our wants, and it behooves us to "pool our issues" and "hitch our wagon to a star" that will carry us safely and surely to victory.

CONCLUSION.

In summing up, it can be truly said that Eclecticism is in better condition than it has been in many years. The incubus of apathy and lethargy has been thrown off and replaced by a spirit of optimism that augurs well for the future. Reorganization has been completed with a better feeling in the ranks and a closer affiliation of the State societies with the national than ever before. Differences that have been a disturbing element and a bar to success have been amicably settled and stumbling-blocks removed. Larger and better meetings than usual have been held during the year, and an increased zeal and activity manifested among the members. A new interest has been awakened, smouldering fires rekindled and the vital faith in Eclecticism restored. The slogan, "Once an Eclectic, always an Eclectic," is again heard in the land. It is almost inconceivable how any Eclectic could ever think of changing or becomoing anything else, when he already has the very best there is in medicine.

We can well congratulate one another and rejoice together at the favorable turn in Eclectic affairs; and let us all here and now pledge ourselves anew in loyalty and fidelity to the cause we love.

THE TREND OF STATE MEDICINE.

A. F. STEPHENS, M.D., ST. LOUIS, MO.

Mr. President, Members of the Association:

The subject upon which I am to talk this morning is "The Trend Toward State Medicine;" that is, the trend of the times toward the administration of medicine by physicians who are hired by the State upon a salary. This does not mean that there will be no independent physicians in this country, but it does mean that when that time comes it will be the crumbs only for the independent men—when that day comes.

The tendency is to follow out the line of compulsory vaccination. That is, if you think you have a better method of treatment than the serum, if you believe that your echinacea will do better work than antitoxin, yet you will be in disrepute if you do not use the one to the exclusion of the

other, which it is the intention of the vaccine producers, together with the American Medical Association to make you use.

The tendency is toward the formation of boards, beginning with the State Board years ago, and this means gradually discrediting those who do not comply with the requirements and rules laid down by these boards. Then coming down to the State Boards. The State Boards have control of the city physicians, as someone stated here this morning—I believe it was in committee—that the physician is almost afraid to turn around for fear a policeman will grab him because he has done something against which we have a law. It is a fact in the city of St. Louis—and I suppose in every other city in this country—that if you have a case of contagious disease, an inspector (or physician, so-called) from the Board of Health visits your patient, inspects the house, visits the patient and asks if antitoxin has been administered, or vaccine, and if the answer is "No," the patient gets a lecture; that is, if you permit him to come into the house. I always tell my people to kick him out; he has no right there without a warrant.

I am going to diverge from this and simply tell you a little of what the American Medical Association tried to do last year in Missouri. By the way, that brings up this question of a fight again. Maybe it is possible that we may be striking out sometimes when there is no enemy in sight, but I want to say to you that if he is not in sight he is in the bushes somewhere, and if you will shoot there you will get him. This effort of the A. M. A. was an attempt to pass one of the most vicious laws that could be thought of—a bill which I think was concocted in Chicago and sent to our Missouri Legislature by the honorable State Board of Health. This bill had the backing of the so-called "regular" profession, self-styled, really allopaths. It was pushed for all it was worth. It was intended as an opening wedge, and it reads something like this:

"The State Board of Health shall have supervision of the health and life of the citizens of the State and possess all power necessary to perform the duties prescribed in the statutes, and to bring action in the courts for the enforcement of health laws and health rules and regulations."

What these rules and regulations were to be, no man knew. They lay in the brains of the members of that Board of Health, governed by the American Medical Association, as is every other board in the United States.

"It shall have the power to make sanitary inspection and surveys in all parts of the State and of all public and private buildings, institutions, and conveyances, and, after due notice, to enter upon and inspect private property in regard to the presence or cases of malignant, pestilential, and the possible cause and source of the said diseases; communicable, infectious and contagious diseases; to close schools and churches and forbid public gatherings when deemed necessary to prevent and stop epidemics; to regulate and prescribe the character and location of plumbing, drainage, water supply, disposal of sewage, lighting, heating and ventilating and all sanitary features, of all public buildings and institutions, including all railroad depots; to condemn and abate conditions causative of said diseases, and which tend to spread and communicate said disease to others; to prevent and detect said diseases by physical examinations or otherwise, and to prescribe rules for

the examination of school and working children; to make, prescribe and enforce all necessary rules and regulations for the protection of the health of all persons."

They even want the right to come into your home and go over your person or the person of your children and see what they think is wrong. A damnable bill! Think of it! A little two-by-four board of health, whose members could not answer their own questions—you and I to submit to the dictates of such a man as this, and then say, "Sit still, boys; don't say anything."

"To control persons afflicted with said diseases, and the persons living with or exposed to said diseases."

Think what that word "control" means—to take them away from home and family, put them in pens and there let them die under treatment that is not as a rule fit for swine.

"To cause licensed physicians in the State to report to said board, or those it may designate, the names of all persons afflicted with said diseases; to disinfect and renovate premises after death or removal of persons afflicted with said diseases, when local health officers fail, neglect or refuse to do so, after due notice; to make and enforce rules and regulations necessary to carry out the foregoing provisions."

They are always making rules and regulations. What does that mean? That no matter what crazy rule they passed, how unfavorable, we as people would by this bill be expected to submit to it. Not on your life!

"To govern local and county health officers and boards: to govern specific features of quarantine and sanitation; to appoint a reputable physician in any county or city of the State as a local health physician, where, after due notice, the county court or proper city authorities fails, neglects or refuses to appoint same as provided by statute, to have power to discharge the city or county health physician in any city or county in the State for intemperance, failure to obey rules, keep records, make reports, answer letters of inquiry of said Board concerning the health of the people, or neglect of official duty.

"It shall be the duty of the State Board of Health to publish in pamphlet or leaf form all the rules and regulations made and passed by said board. Said rules and regulations shall bear the seal of said board, and shall be attested by the secretary; that it shall supply copies thereof to all local and county health boards and officers, to all prosecuting and circuit attorneys, and to any citizen who may request copies thereof."

This, gentlemen, is a portion of the bill that was presented to the Missouri Legislature last winter. What did they do with it? If we had gone into the bushes and sat down for fear somebody should discover that we were there, as some of our friends advocated this morning, that bill would have become a law. But we did not sit down; we went to work, and we all worked. The Eclectics alone did not work; if we had, the bill would still have become a law. We were not strong enough. We are fighting against this monstrous thing known as the American Medical Association, a wheel within a wheel. I am not talking against the rank and file of the American Medical Association. They are gentlemen, lots of them broad-minded and just as liberal as you and I. But in making this fight we must use every

means at our command, and as I said this morning to a brother, get me into a fight, and if I am hard pressed and the devil shows me a club, I will take it. I will use any means on God's earth to gain what I believe to be right.

So in this we joined hands with the Missouri branch of the National League for Medical Freedom, and we won out. We won out on every measure that was presented. There was nothing they asked for that they did not get, and next winter we will not only defeat what they present, but we are going into that legislature and ask for something, and by and by we will get it. (Applause.)

Just a few words about this so-called league. I perhaps have been a little bit censured for the active part I have taken in connection with this league. I want to say in the beginning that I have done what I have as a personal matter. I want to say to you that I claim as my right—and I am willing to give to any man who lives his rights—the privilege to do what I believe to be right, and so long as I believe it is right I am going to do it. (Applause.)

A year ago last May, when there were bills before Congress for the establishment of a public health department in this country, with a director at its head to be a physician of the regular, or allopathic school, when that bill was almost on the point of passing, when in fact it looked as if it could not be defeated, a little coterie of men in the New England States and New York, with a prominent man in their midst, went into that legislature and fought and opposed that bill until it was defeated. They then began the work of publicity which has been talked of so much. A year ago I said to you in Boston, "Go back to the people and get acquainted with them, and they will fight your battles for you." The trouble is we have gotten too far away from the people. We thought we were safe when we had one member out of seven on the State boards. They gave us the crumbs, and we thanked them upon our knees. That organization is represented today by over 200,000 American citizens in this country; it has branches in, I believe, eleven States. That league will be one of the strongest features in our fight with the American Medical Association. There may be persons connected with it that we do not think just exactly fill their little niche, but we all have our faults.

Therefore I say work together. I believe in working for publicity, working to let this American people know the attitude the American Medical Association holds toward all other methods and systems, and in the end every law that is restrictive will be wiped from the statute books. Every State in the Union will do it. If the individual doctor will go back to his clients, and when it comes to the legislature, see his representative aud state the facts as they exist, there are enough honest men in every legislature in every State in the Union to repeal these laws.

Another thing we are going to do in Missouri this winter. We are going to have that board rearranged until the allopaths will not be in the majority. (Applause.) We may not get it this winter, but we are going to fight on and on until we do. We will show them that that board as now constituted can kill every medical college in the United States that is independent of the

union, if it wants to; that students that graduate from these colleges may seek permission to be examined by the State Board and be refused; that kills that college; it puts it in disrepute. And that is the method the American Medical Association outlined in its devilish brain twenty-five years ago. This has not come to us recently. It has been one of the deepest-laid schemes that was ever known on earth in a social way and in a professional way one of the most dastardly. Then you would not fight? Go and sit down in the bushes? Don't you think it! It has been this jellyfish backbone that has hurt us. Suppose Napoleon had gone and sat down and said, "Let me alone; I will not fight." He could not have been the emperor of France. Did any man ever win anything who did not fight? Not much. The only thing we are fighting for is liberty; freedom for American citizens to choose that method or mode of practice in the healing art which in their judgment is best. That is what we are fighting for. And if my brother desires allopathic treatment, I say God bless him and take care of him. (Laughter.) If he elects to have homeopathic treatment, I say God speed him. If he would rather have the Eclectic system of treatment, the treatment that we believe is sane and safe, the treatment that we believe permits men and women and children to live and fulfill their life work, then I am ready to take him by the hand and tell him that he is really sensible. (Applause.)

But I want to say in conclusion that as long as this right arm remains unparalyzed it shall be lifted for freedom in the practice of medicine; as long as my tongue can continue to articulate speech, it shall be used in the defense of the Eclectic practice of medicine, because I think it is right. And I want to say to you today that I had rather go down to the silence of dreamless dust without a name, without a stone to mark the place where the crumbling ashes lie, than to raise my voice against the liberty of any other man. (Applause.)

MEDICAL REFORM.

Dr. R. L. Thomas, Cincinnati, O.: Our President made one mistake. He said I consented to "fill" Dr. Sibley's place. Dr. Munk came to me a little while ago and asked if I would not talk a few minutes, and I said I would, but I did not promise to fill Dr. Sibley's place. I am very sorry that Dr. Sibley is not here, because I have no doubt he has prepared something of a great deal of interest.

But there is one phase of Eclecticism, one point that has not been touched upon very thoroughly, which I would like to speak of for a few minutes, and that is the trend toward university medical departments, or as one of the papers had it this morning, the trend towards State medicine. They are practically synonomous.

Ever since Eclecticism was born there has been antagonism from the other side, a fight to eliminate the new schools, and we have heard a great deal about not fighting back. It is apparent to everybody that in the long

fight of seventy-five or more years they have lost out so far as killing off the new school is concerned. Bitter antagonism, certain proposed legislation has all followed, and today there is a greater menace to the school than ever before, and under the guise of science they are appealing to the country at large and to the laity to favor more scientific schools. Now, to oppose scientific medication merely is a little dangerous, because it puts in the position of opposing higher medication. For that reason they seem to have the advantage of the situation.

Now, I am sure there is not a man in the profession who would for one moment advocate that we must not have educated men in the profession. I do not believe there is a medical college in the country, of our own or any other school, that would not be glad if every freshman that entered the medical college was a graduate from a university. I believe, of course, in higher education, but I do not believe that we should put into the hands of our legislators the power of saying that a man must be a graduate of a certain institution before he can enter a medical college. And so in order to freeze out the independent colleges, this shrewd move was made by the American Medical Association—who have created a child, known as the American Medical College Association—who are formulating the curriculum and standards for every medical college in the United States, who are pressing to the front the fact that medical institutions must be departments of universities, thereby making them State institutions. There is the danger, and if you will notice the action of the different legislatures you will find this is to the front in a large majority. They know well that if they can make medical departments of the various State universities that they will have so much money at their command that it will be difficult for the independent schools to compete with them.

Just this year the Illinois State University went to the legislature and asked for an appropriation of $100,000 annually for the medical department of the State University of Illinois. The bill did not pass. I understand they did get $60,000 to lease a medical department and make a beginning. Dr. Wilmeth has just told me that the Nebraska Legislature voted $100,000 to build a medical department in the State University of Nebraska. It is held up, and they possibly may not get it, but you will see the idea, they are trying to make State medicine by medical universities. Here is one of the dangers we have to meet. How are we going to meet it? That is the question. We can get up here and pass resolutions and talk against such things, but is that going to stop it? I do not say that the National Eclectic Association can go into every State and before every legislature. We might do that with Congress. But I believe it is the duty of every State organization to watch their legislature and make their fight there. Just this spring there was introduced at Columbus what was known as the Johnson bill, and we went up there and were fortunate enough to knock out the bill. That bill provided that after 1912-13 the entrance requirements of every medical college in Ohio should be at least a two years' attendance at a university, or the attendance that should be designated by the American Medical College As-

sociation, which is the creature of the American Medical Association. In other words, that after 1913 the requirements for entrance to any medical college in Ohio shall be those designated by the American Medical College Association; that they shall say in Ohio and every other State in which this should pass, what should be taught, when it should be taught, how long it should be taught.

I am sure Eclectics do not desire to be classed as opposing higher education. I believe in it, but I believe that every American citizen has the inalienable right to go where he pleases, study what he pleases, so far as it does not interfere with the rights or the health of any individual, and that no board should be able to say where a student should go and just what he shall study.

You take these university schools, and what do they teach? I am not here to say they do not teach scientific subjects; I believe they do. They have good laboratories, which are a good thing. I would like to quote what a prominent regular of Chicago said at a little dinner down in Cincinnati not long ago. He said: "Gentlemen, did it ever occur to you that the medical student to-day is overeducated? By that I mean he is overeducated along certain lines. He spends two or three or four years in the laboratory and comes out a licensed physician, but he does not know what to do for a patient." He mentioned one or two colleges, Johns Hopkins being one, in which they had dropped altogether from the curriculum materia medica.

And so to-day I believe it is to the interest of every State society to watch their legislature, and where there is a bill that is against our school, go before the legislature and make your fight. There is where we want to do the fighting. We must do more fighting that will count. It is a good thing to discuss these things here, but really what Eclecticism needs to-day is to be able to hold down legislation that will kill the independent college. Have your students as far advanced as possible; have them go to a university if they can; but do not say a man must go to a university before he can enter a medical college. (Applause.)

Dr. G. W. Boskowitz (New York City): I am placed in a peculiar position just now, from the fact that I had agreed with Dr. Sibley that, with your consent, I would address this Association for him this afternoon and allow him the privilege of addressing the open meeting this evening, so I now want to present his apology for not being here this afternoon, and also to have you understand that he is to deliver the evening address. I have had no word from him this morning, so I expect he will be here in time to address the open meeting this evening.

President Munk: I was entirely ignorant of the situation. If you had told me you expected to fill his hour I would have been only too glad to have had you do so.

Dr. Thomas: I am very glad I did not fill the hour, and we can now hear from Dr. Boskowitz.

Dr. Boskowitz: The subject Dr. Sibley had for this afternoon was the

subject of medical reform, but I do not think it wise to attempt to talk to a lot of reformers about medical reform, for you know just as much about it as I could possibly tell you, so I will take the privilege that our own Chauncey Depew has so often spoken of, when he says that in making an address on any specified subject all a speaker need to do is to mention the title and then talk upon anything else that may come to his mind, and that is what I shall do this afternoon.

The fact is that at this present time a great opportunity presents itself to this Eclectic school, an opportunity which we should not allow to slip by. I have been connected with the school quite a number of years for a young man, and I feel that this present time is the time for us to act. Although the old school is fighting along the lines that have been spoken of by Dr. Thomas, there is at the same time a great revolution going on in that very school, a revolution that will disrupt it, and out of the ruins we can find much material that will help this school of ours. The profession generally, the old school profession in particular, are getting a little tired of reversing itself every decade. They are getting a little tired of this laboratory method, of this vaccine therapy, of this means of diagnosis that takes just long enough for the patient to die before you find out what is the matter, and they are looking for a voice that will lead them out of that wilderness. We have an alternative to present to them in the value of these vegetable remedies, and let us present it in the proper form. We who have studied the vegetable materia medica know that the facts we have to-day were the same last week and last year, and will be the same next week and next year and for a hundred years to come. These old school people are ready, they are looking towards this vegetable kingdom for help. You who are following the literature of the school probably may have noticed how a New York medical journal, a prominent old school journal, is writing up vegetable therapy. It is devoting ten times the amount of space to that subject to-day that it did five years ago. So let us continue to study and restudy these vegetable remedies and present the facts to the people and the profession. Yes, I say, the people as well as the profession, and it is the people that we want to reach. No reform ever succeeded that did not take the people to its heart. (Applause.)

Samuel Thomson was negative so far as literary education was concerned, yet he was able to show the people what he could do. The facts were there, even though he may have presented them in a crude way, and the Act of '48, which was the greatest thing that ever was accomplished for medical freedom in America, was due to the work of Samuel Thomson.

Just one other thought is in my mind on this question of getting to the hearts of the people, and that is that in doing so we must try to be impersonal. Do not place self before the cause; place the cause first.

When I talk against the allopaths I do not mean any one individually. I have a great many close personal friends in the allopathic school, very dear friends, socially and professionally. I am not talking against the individual, but against the school as a whole, and they know when they

meet me just exactly how I feel and where I stand, and that is the way we should all act with these people. Be impersonal all the time and everywhere.

Now just one thought more. We all love this cause, and we want to see it prosper, we want to see it continued. Are we all doing our full duty? We ought to occasionally wake up and ask ourselves that. The best way to have this school continue is to fill your medical colleges. Are you doing your duty in that particular? Are you looking to the right and left, and selecting properly qualified young people and sending them to our colleges. It is true we hear a great deal of talk about the overcrowding of the profession; but you do not hear much about that, or any of it, in our branch of the profession. We who are connected with medical colleges in different parts of this country are continually being written to by friends who desire us to send to this community or that Eclectic practitioners. We cannot begin to supply the call that comes to us. That is not simply so of our college in New York; it is so of all the colleges all over the country. The overcrowding cry comes from these large universities where the proper qualification seems to be the money in bank; where the rich man sends his son, not because of any special fitness for the profession, but because he was unfit for anything else, so they make a doctor of him. (Applause.) We should look about us carefully; we should tell the advantages of our system of practice to our friends and to the people in our communities, and work hard to fill our institutions, because they are the source of supply that should properly perpetuate this cause; and instead of sitting about and grumbling and finding fault with the people who are managing the institutions, would we not be doing better if we helped them by sending them students?

And now just one other word in conclusion. Besides sending these institutions students, we ought to keep one other thought in mind all the time. We should continually place before our patrons and our friends who are well situated financially, the needs of these institutions that are doing so much good for humanity. We should try to induce a little of this money that the country is so full of to come into the possession of some of these Eclectic medical colleges. If we had one college among the many that was properly endowed it would do the school an immense amount of good.

I would like you to hold these thoughts close to your hearts and remember them. I thank you. (Applause.)

DON'T BE A BAT.

Mrs. M. E. Garrett, Los Angeles, Cal.

Ladies and Gentlemen of the Convention:

When Dr. Thomas spoke to you yesterday he said he had been chosen to "fill" another speaker's place, but did not think he was big enough. I

think you all know something about the size of Dr. Perce, and that I am not big enough to fill his place; but I will take a few minutes of the time allotted to him.

I am going to speak to you on "Don't Be a Bat," and I want to tell you a story. I think you will readily see the application. You know sometimes speakers think they are reaching their audiences and making them understand; they think their hearts and minds are in tune when really they are not. I will tell you about this girl and her lover. They were sitting on the front porch one Sunday evening. Across the street was a magnificent church with a high-salaried choir, which was rendering a highly classical anthem. She was listening to that with all her heart and mind. Down in the corner of the porch was a cricket singing, and the man evidently had his mind on that. They sat there, each wrapped in thought. Finally she spoke. "Wasn't that perfectly glorious?" "Yes," he replied, "and they say they do it with their hind legs, too." (Laughter.)

The story of the bat is of the time in the beginning of things when there was a war between the feathered animals and the beasts as to which should have supremacy. Now the bat had wings to fly, and then when it wanted to it could fold up its wings and walk like a rat. It wanted to be on the winning side. It wanted to be sure when this struggle was ended to be on the side that was uppermost. So it attended all the conventions on both sides. When the fowls held a convention it would fly around among them and tell all the things it had heard from the beasts, and when the beasts held a meeting it would fold its wings and be a bat. And do you know anything more abhorred by men or beasts anywhere than a bat? (Applause.)

Now for the application. Do not be a bat in your organization. You need this organization. Dr. Perce could have told you that better than I can. Do not think because you do not get your own way that there is no other way in the world. Out in California that is the worst thing we have to contend with, and it has struck me that you might be very much like us in that respect. We have people who come there from Indiana, Ohio, Illinois, New York, Europe, Asia, Africa, Japan and other places If we have any kind of an assembly, some one gets up and says, "Back in Indiana we do it this way," and another spoke up from Illinois and tells the way they do it there, and then some one from England has something to say, and consequently instead of harmony there is a pulling apart. We find that same spirit in our organizations, and one thing to do is to get two or three people who have ability to run things and let them run it. That is what you will have to do. You are here from all States; you all have your own methods, and they are successful where you live, but they might not do for a national organization.

I have a suggestion to make to you along this line, because of the experience of Dr. Scudder at Redlands. They said to him, "Come and join our society. It is just the physicians of the city." They treated him nicely, and he joined. They wanted first $10 and then $5, and got it; and they had

some papers on the throat; and the next time the papers were on the throat, and so the next time, and the next time. Finally he asked why it was that they had a special course on the throat, and they said, "Oh, we have the course outlined by the American Medical Association in Chicago." Then Dr. Scudder said, "Then you do really belong to the A. M. A." The point I want to make is this, that the National Association formulate some studies and keep you all doing the same things. You men who are in the cities together do not need it so much, but the man who is out where there are only one or two, would be benefited. He could keep in touch with things better. Don't be a bat about this.

Then I think you don't want to be a bat in regard to educational influences in other lines. I think we are a little inclined to condemn. I heartily agree with what Dr. Heeve said the other day—that we are inclined to condemn anything different from our way. You have the greatest system in the world. I belong to a family that are all regulars. My forefathers were all regulars; my brother is a regular, but I am going to take him back with me and make an Eclectic of him. (Applause.) But because you have the best materia medica, is that any sign you have everything? Might not some of these other theories be good, or at least worth investigating? Adopt some of these other methods, or at least investigate, and if they are good, use them.

I have not by any means "filled" Dr. Perce's place, and I am reminded of the little girl, a very little girl, who was required to write a composition on the automobile. She was told that it must contain two hundred and fifty words. They had an automobile, but she did not know very much about it. So she started: "My father has an automobile. We have not had it very long, but we have awful good times. Father takes us out in the country, and we have lots of fun. The other day father went out into the country. He went away up to the top of a big hill and down on the other side, and just there the automobile broke down. I think this is about fifty words. The other two hundred words are what my papa said when he walked back to town." (Applause.)

EDUCATIONAL QUALIFICATIONS.

W. N. Mundy, M.D., Forest, O.

Mr. Chairman and Members of the Association:

In speaking on the subject the President has assigned to me—and which is not one of my own selection—I cannot but present to you a rambling talk, and in presenting this rambling talk I will embody my report as secretary of the Council on Medical Education of the National Eclectic Medical Association.

Preliminary requirements mean the requirements essential for preparation for the study of medicine. When I was a student, some thirty years ago, no requirement was made of the contemplated student of medicine.

Anyone could study medicine who desired, and it is within my own medical life that the requirements have been made what they are now within the borders of the United States. I wish I could be more optimistic as regards preliminary requirements, but I am sorry to say that I am a little pessimistic, and I do not believe that all the requirements we now have are made with an honest intention for the elevation of the standard of the medical man.

In the United States we have every grade, from no requirements to two years in a liberal arts college. In one of the States which recently enacted such legislation I was present when the question was asked, "Who will pass upon these requirements?" and the answer was, "The medical college." We who have had any business with the medical college I am sorry to say know that the requirements that now obtain are not always honestly enforced, and I personally am in favor of a fair amount of preliminary requirements, honestly and rigidly enforced. That is the position I occupy as your secretary. How can we enforce even the first-class high school as it exists in the States of Ohio, New York, Michigan and Illinois, I cannot answer. The president of Vanderbilt University recently said that it worked a hardship upon the medical schools of the South, as there are but few first-grade high schools in the South.

I think New York was the first State that required a preliminary education of a man desiring to study medicine, and I still believe that in New York the fairest grade obtains at present, though I will say that Michigan and Ohio are practically on the New York plan. That is, some representative of the department of education passes upon the standard of every medical student, irrespective of the school he contemplates attending. In our own State the examiner for the State University passes upon the credentials of every student, no matter where he intends to go. In these respective States the system of counts prevails, not the number of years in school.

The Medical Council of the American Medical Association, in my correspondence with their secretary, insisted that we should have four years in a high school superimposed upon eight years in the primary grades. I say that that is an injustice to the student, and that no time limit should enter into the consideration of the educational advantages of a young man. Suppose a young man skipped a grade in the primary grades, suppose he finished the grades in seven years; suppose by attending summer schools he had finished his high-school course in three years, should he be barred from medical school because he had not attended the full four years' course in high school? To me it is a gross injustice and simply puts a premium on idleness. Many a young man has finished his course in three years; some have done better by taking advantage of summer schools that now obtain in nearly all our universities. Some have finished even a liberal arts education in three and a half years by doing extra work, and should not some inducement be given the young man who is willing to work? So I

repeat that the time limit is an injustice, and the only requirement should be that he actually has performed the work required.

As I said, I am in favor of the first-class high school as it prevails in the three States I have mentioned. We are told by the United States Commissioner of Education that the secondary school, the high school of the United States, is on a par with the gymnasium of Germany and the secondary schools of France. We are asked to pattern our educational system after Germany and France. This I do not favor. I look upon the public school system of the United States as being the outgrowth of our own civilization. There is no public school system in the world that compares with the public school system of the United States. In the report for 1910 of the United States Commissioner of Education we read that the "German public school system is the outgrowth of an ancient civilization, and today is undergoing a change by reason of the dissent and strife that is being put forth by the advanced educators of Germany." In France the secondary schools are not free, as in the United States, and entrance is obtained only by competitive examination. I read further in this report that the United States is the only country in the world that offers the student a free high school education. The United States goes still farther, and in almost every State in the Union there are universities to which the student can be admitted and obtain a free university education. These conditions do not prevail in the countries to which our educational system is compared, and although medical education has advanced and demands from a student higher qualifications than formerly, yet at the same time the literary schools have not lagged, but have kept pace with the medical schools. When you and I were boys we had our free academies, we had our Latin schools and we had institutes; such things are now relics of the past. So I say that while medical education has advanced, so have the literary schools of the United States, and today the high schools have advanced until they demand a four years' Latin course and some knowledge of the sciences. Issue was taken, that the high school could not offer a good course in physics and chemistry. I say to the man that offers that objection that he has not visited a first-class high school fully equipped. I visited a short time ago a high school in the city of Cincinnati where more than a million and a half of dollars had been spent in building and equipping that school. I have visited colleges and medical schools that did not have as fully equipped laboratories as this high school. And I have no doubt any city in the United States can offer a laboratory as fully equipped. Even in the little town where I reside we offer a course in chemistry and a course in physics, and we use the identical text-books that are used by a near-by college, and which is called a model school. And our teachers in the secondary schools have the same literary attainments as the teachers in our large universities, being themselves graduates of the larger universities. So I say the comparison is not fair that is made between our country and the countries of Europe. Education is on a higher plane, and in

making the comparison we should take into consideration the condition of the people, socially, politically and morally.

In one of the back numbers of the QUARTERLY a comparison was made between the requirements in England and those of a first-class high school in Ohio. The curriculum is taken from the high school of the little town where I live, the graded high school as it obtains in a town of twelve to fifteen hundred inhabitants. You see there that the idea that the requirements in England are higher than in the United States is absolutely false. That is a harsh term to use, but it is true. When the chaotic condition that prevails in the United States as to preliminary requirements is brought to a uniform standard, then I believe it will be found that it is not necessary to ask for more than high school requirements. I believe first in obtaining uniformity, and after we have obtained that, I believe no more should be asked than a high school education.

In the last report of the Council of Education of the American Medical Association, I see that some of the universities have demanded two years in a liberal arts college. I further read in a footnote that twelve colleges have volunteered to come to this requirement, and then I read that six have withdrawn, that three have deferred, and I forget what the other two have done, so not of the twelve who came to the standpoint all but one have withdrawn from their position. Why is this? Because it is cutting off the attendance at the medical colleges. The chancellor of a Virginia school said that the advanced preliminary requirements had cut the percentage of students in the freshman class over 65 per cent. It is estimated that even the demand of a first-class high school has diminished the students in the United States 45 per cent. We know it has diminished the number of medical students; we know further that it has diminished the number of medical colleges by amalgamation and by the closing of some schools, so that in Cincinnati, where we formerly had three Allopathic colleges we have one; where we had a Homeopathic college, we have none. So where we had five colleges we are left with two—one Allopathic and one Eclectic. And the same condition prevails in the other States of the Union.

I further read in this report that while this condition may have the result of further decreasing the number of medical colleges, it is a good thing, because the output is too large. Now, gentlemen, is the output too large? Within my own bailiwick there are two or three Eclectic physicians, and in one place I know absolutely that one can make a living from the day he opens an office. But our young men, with a university education, with the time that is demanded in the study of medicine, are not content to go to the small country place and make a living, although a living is assured. But I do not believe that the college requirement is the only reason for the decerease in medical students. You will pardon me if I refer to my own case. I have a son that I have been educating for the medical profession. I have given him a university education; he has had two years in his medical school. He has a cousin who has not even entered a high

school, who is simply a scholar of a country school in Ohio. This cousin works for Armour of Chicago. He was on his way to Havana to take charge of one of their branch houses there and stayed over Sunday with my boy, and while there was telling what he was doing—getting a salary of $5,000 a year. When my boy came home he said, "This is all nonsense; eight years in college, twelve years in secondary schools of my own village, twenty years in preparation, and it may be four or five years before I make a livelihood, when here one can step in a few years from a country school into a situation paying $5,000 a year. I have a notion to quit studying medicine." Now, that is the problem that confronts us. Do you know that Nicholas Senn never enjoyed a high school education? Two days before I started for Louisville I picked up a medical journal and read that John Wyeth, of New York, was a steamboat man down in Arkansas. I do not care how many years a man puts in in college, nor what educational facilities he may have, you cannot make a physician out of him. It needs the man. (Applause.) And no number of years in school can bring out a physician or surgeon if he has not the elements of manhood behind him.

I do not decry a man having a college education before the study of medicine, but I do say that you can make the qualifications so hard that there will be no inducement for a man to go into the profession. I do not wish to decry the whole fabric, but I believe the ultimate object is to simply put our medical colleges—and not only the medical colleges, but the small liberal arts colleges—into the universities. The large universities are superseding our small liberal arts colleges in every State, and the thing behind them is money, money, money and the big pull, while the universities do not do the actual work that is done in the little, independent liberal arts college that we used to have years ago, and that still exist in some places. I am glad that some of the trustees of our institutions have refused the advantages of the Carnegie Foundation, because they would not be dictated to as to what should be taught in the liberal arts college. I have no use for the man who will sell his birthright for a mess of pottage. (Applause.)

I want to say to you that if you follow carefully the educational conditions in the United States you will find that the Standard Oil and United States Steel are not only dictating the policy of almost every business enterprise of the United States, but are also trying to dictate the policy of the educational system of the United States as well, and the bulwark of American freedom and American citizenship is the public school system of the United States. I thank you. (Applause.)

ORIGIN OF THE SCHOOL OF ECLECTIC MEDICINE.

G. W. Boskowitz, M.D., New York City.

Ladies and Gentlemen:

I really feel that I am privileged to say "friends," because since we have arrived in this beautiful city of Louisville we have been so kindly and cordi-

ally treated by everybody that I feel we are among friends. So, "friends," I want to welcome you to these exercises this evening, and hope that you may be interested in what will be presented to you, and that when you return to your homes you may at least have one thought to carry with you that will be of benefit and pleasure to you.

I have been requested this evening to address you upon the "Origin of the School of Eclectic Medicine," but that subject is so vast, so big that it would be impossible for me in the time that is allotted to the speakers this evening to touch on the subject. I shall simply try to correct one or two errors that are common that exist in relation to the thought of the founding of this Eclectic practice of medicine. And then I also feel this evening that I have been selected not so much for the purpose of addressing you and holding your attention and interest as I have been for the purpose of acting as advance agent for the great speakers who are to follow me. I am simply to sort of whet up your appetites for what will follow, and let me assure you that the sooner I stop the sooner you will really be entertained by that great orator from Chicago.

And now, as to the origin of the Eclectic practice of medicine. It started just as all reforms start, by the uprising of the people to protest against existing methods, against the evils of the times. And about one hundred years ago, or a little less, this practice of medicine was certainly a very crude practice. It is not necessary for me to go into details and tell you about how they blistered and bled and mercurialized. You know all about that, and so what I want to draw your attention to is the fact that the men who led in the reform for Eclectic medicine were not farmers, were not ignorant, uneducated men who had never studied medicine, but this school of medicine was started by men who had had thorough training, who had attended the colleges of the day, who had received all the advantages that anybody could receive in the study of medicine eighty or ninety years ago.

If I was to select just one man as the representative and founder of the school, I would call your attention to Dr. Beach, and I am proud that he came from the little State that I hail from—New York. (Applause.) So many have been under the impression that the founder of the Eclectic practice was Samuel Thomson, a man who never attended medical school, but who was a powerfully strong, conscientious man and a careful observer. He had traveled through all parts of the country and had observed the wonderful relief and the many cures that were made by the administration of decoctions, or infusions, or teas made from the plants of the earth; how they would cure the sick when the learned physician failed. But when these men who had associated themselves with Wooster Beach—men like John King, Robert S. Newton, Wilbur Powell and many others—when they were looking for an improved method, for a more humane method than any which was in vogue at the time, they adopted this materia medica, these plants and roots and herbs, and they have gone ahead and improved

and developed it, so that today this Eclectic practice of medicine boasts of the finest materia medica of the world. (Applause.)

When this school was founded, a fever patient was denied a drop of water; children who suffered from the diseases of childhood, such as measles and scarlet fever, were kept in closed rooms, windows closed tightly; air and sunlight were not in the armamentarium of the physician of those days. We Eclectics are the people who demanded air and sunlight given to these patients, and water which saved their lives. (Applause.) Others cay claim this, but we can prove that until the time that Thomson, Beach and their followers began to use these remedies and to decry the methods of the time, that water, air and sunlight were denied to these patients.

But I am getting into deep water. If I go on in this way I will hardly know when to stop, and I am afraid I will be interfering with Dr. Ellingwood and Prof. Lloyd, and, as I stated to you a moment ago, I am simply a curtain-raiser; I am only to sort of introduce the subject. But before I retire to the wings I want to tell you one further thing: that we Eclectics are responsible for, and which I think is perhaps one of the most important things in the founding of this school.

It was the habit—it is the habit for most doctors—to spend a great deal of time in finding a name for the conditions that exist, and then to prescribe for the name, and we Eclectics are the people who have changed that; we prescribe for the individual, not the name, and the condition that presents itself. Do not wait until your patient is at death's door and then try to prescribe, but prescribe for the patient, the individual, as you find him the minute you see him.

My dear friends, I thank you very much for your very close attention, and I am just now beginning to feel that I wish Dr. Ellingwood had been the curtain-raiser and I had been allowed to speak to you later. But in this world we have to accept the position that our friends place us in, so I thank you very much indeed for your very kind attention, and will give way to the next speaker. (Applause.)

THE DEBT OF THE PROFESSION TO ECLECTICISM.

Finley Ellingwood, M.D., Chicago, Ill.

Ladies and Gentlemen:

In the title given to my remarks to you this evening as published, "The Debt of the Profession to Eclecticism," there is essential implication of something having been accomplished for the good of the total profession, as there can be no *debt* unless something has been given of equal value.

Again, devotion to any cause—consecration of effort to its interests—sacrifices made for it—can only be made when the cause is worthy of it, when it has in itself the intrinsic elements of greatness sufficient to justify such devotion.

Slowly, but surely, for nearly a century, the elements of a correct knowledge of drug action and of drug application—a correct method of medical practice, has been accumulating; the essential truths have been determined, and their correct relationship to each other has been proven and fixed, and an exact knowledge of each of these elements has become common knowledge in the hands, and from the investigations and careful, systematic, scientific labors of the Eclectic physicians of America. All this has been offered to the profession for universal acceptance as an important advance in the total knowledge of this the first and most essential branch of medical study. In this are the essential elements of greatness which justify devotion and consecration to the cause, and which has placed the total profession under a debt to those who have sacrificed and struggled for its development.

I shall not be able to present in order but few of the features which have placed the profession under obligations for this great work. Because of conditions that have obtained in the *dominant* profession, it has been exceedingly essential that *faith* in medicine should be preserved. We have cultivated and preserved *faith* in the underlying true principles of medical thought and practice; and in the fact that a knowledge of drug action, and other measures that can be used in the cure of disease, is *the first knowledge, the highest knowledge,* the *most important knowledge,* and, after all, the *final* essential knowledge of the medical curriculum; that the study of materia medica and therapeutics is the most important—the most essential branch of medical study.

In our methods, in our literature, in our college teachings, we have constantly enlarged upon the great underlying essential principles of our school; that the vital forces within the system, with all methods of treatment must be sustained; that the study of the clinical action of the single drug is the correct method of drug study, because every drug acts directly and invariably upon one or more exact conditions of disease, and, therefore, it must be studied individually with reference to such specific and exact action; that when this knowledge is perfected we shall be immediately able to successfully prescribe for disease, and for processes of disease which we have not previously met.

We have taught that underlying all of this is the fact that failure to cure disease is due to a *lack of knowledge* of those agents which possess the essential, curative properties. That *doubt* is the great foe to therapeutic advancement, and being so, we must *believe*—we must be credulous—we must fix our faith permanently and securely upon the fact that if we study long enough, if we study thoroughly enough, if we direct our effort in the straight lines which we have followed in the past few years, and do not allow ourselves by outside promises of success to be lured from the plain, straight path of duty in this line—if the efforts of our successors shall be added to the knowledge we have determined that, by this total knowledge, all disease will ultimately be subdued in whole or in part by remedial measures, and for these purposes the truth "from all, for all and to all" has

been our creed, and our persistent effort has been direct "to learn the truth, to prove the truth, to apply the truth and to spread the truth."

In the line of these magnificent, broad, comprehensive, sufficient principles we have studied the action of hundreds of remedies, many of doubtful origin and of doubtful properties, until we have given them an exact place in therapeutics—to many of these remedies a place so consistent with their inherent properties, so consistent with their physiological and therapeutic activities, so exact as regards their inherent and invariable influence upon exact conditions that they cannot possibly be displaced. This knowledge of single remedies has, and is now taking the highest possible position in therapeutics; is meeting with general adoption and general recognition, as a method eminently superior to all others, and in accord with the above exact, rational, underlying principles.

We have taken truths from all sources and determining their exact place, as above stated, the entire mass of truth has been amalgamated into a systematic, perfectly rounded, homogeneous whole—into a definite and highly consistent method of medical practice, and by adding these truths we have added some of the most important and vital truths to the fund of general knowledge of the cure of disease that the profession of medicine *has ever known.* Certainly there is no knowledge that has ever been determined that is of greater importance than this; no discovery of greater value nor invention of science and art that will compare with it.

I shall not discuss how this knowledge has been received by the leaders of the dominant school of medicine. I will only ask, what has been the influence of all this study and of the success of our work upon the profession at large? It has overcome a little of the prejudice that previously existed; it has torn down, in many places, the hitherto impregnable walls which this prejudice had established around the dominant school in excluding everything but that which they themselves have developed, and refusing to acknowledge *any good* in anything that could not be attributed to their own investigators.

Schools of thought in medicine are as natural, as reasonable and as justifiable as parties in politics and as the different denominations in religion, and must exist for the good of humanity. There can be no universality of thought until truth is determined as a finality and so accepted. As a body of scientific searchers after truth, the Eclectic physicians have been an unostentatious people, reaching out after a knowledge of *how to cure disease,* reaching out after an objective which has seemed to us to be of surpassingly great importance—how to relieve pain—how to bring back loved ones from impending death.

Notwithstanding the effort that is made by the faculty and by the dominant profession to exclude everything that we have been trying to give to the profession, our work, as above narrated, has exercised a most marvelous influence upon the thought, upon the sentiment, upon the character of the development of the profession at large. It has opened their eyes to the fact that disease *can be cured* by medicine; that the medicines

must be exact and reliable; that the trend of medical study must be to determine the knowledge of exact conditions and of the single remedies that are naturally adapted to the cure of those conditions. It has exercised a marvelous influence in overcoming prejudices, in doing away with dogmatism, in broadening medical thought, in enlarging our conception of the field in so doing. It has brought to us the sympathies and co-operation of fully 60 per cent. of the real workers in the profession at large, and *the end is not yet.*

This thought *is good seed sown* in fertile soil, and from the harvest this seed is producing other seed is sown in the entire soil of professional thought, and it will be only a short time until it will impregnate the methods and influence the opinions and determine the general trend of medical effort in the lines that so plainly appeal to us as those that are correct, reliable and acceptable. The *debt,* then, the *profession* is under us today, while a very great one, cannot now be so plainly seen, as it will be, in future decades.

There are those of us who are in a position to see what an impression our work is making upon the minds of the total profession. But there are many who, in their narrow fields, are absorbed with their own problems, are faithful, plodding and successful, doing their own work in their own little field, not having the scope of vision which those of us have who occupy a position that brings us in touch to a wider extent with general progress, and to these I take pleasure in declaring that their work is having a positive influence, that just so long as they are willing to report their observations and to declare for public use the conclusions they have come to, and to take pains to observe for the total good every therapeutic influence that comes within their ken; that their work is as important, comparatively speaking, as any work that is being done, and I would encourage them and urge them to continue this important work.

A mistake we are all liable to make is that we forget anything except the accumulation of money for our own good, and for the building up of our own little field for the benefit it may bring us. Every worker in the Eclectic ranks is a worker for the cause and its advancement and for a perfection of its knowledge and for the establishment of its truths, and this fact of all facts I desire to impress emphatically upon the minds of my hearers at this time, as I have tried to do in everything I have written in the past five years, in order that the total good that we are doing may be unified and amalgamated and its place declared and its influence established.

In the past we have been too much inclined to keep within ourselves, to preserve for our own use the knowledge that is so exceedingly valuable to us, but I have a broader conception for our school than this. I believe it is our duty to humanity to give to every physician of every school all the knowledge we can possibly give him of the work we have done. I believe it is our duty to declare this work at every opportunity, but do it openly

as coming from Eclectic sources, as being produced by Eclectic thought and by Eclectic effort.

Within the last three decade marvelous changes have taken place in the total medical thought. Advancement has been made in every possible branch, but the great error of the profession has been in endeavoring to make surgical methods take the place of the study of materia medica, and endeavoring to find universal specifics or to believe that disease can be cured by surgical methods and measures, and endeavoring to force upon the minds of all students that microscopy, bacteriology, pathology, etiology and surgery are the essential branches, and that the study of the materia medica and therapeutics is of the very least importance of all branches. This, indeed, is a vital error.

In this connection the matter of teaching of the materia medica and therapeutics in the colleges of the United States and the course that is being adopted by the various examining boards of the different States should be, I think, brought before this Association. In the few moments I have to devote to it I can say but little concerning the fact that the National Association of the State Examining and Licensing Boards adopted a list of remedies, about 150 in number, which they are advising the various colleges to teach to students and to which the various examining boards agree to confine their examinations.

It may be that I am laying too much stress upon the importance of this act, but I consider it a vital error. I think that if the examining boards demand that only 150 remedies be examined upon, that it will be the most natural thing in the world for the colleges to confine their teaching to that 150 remedies, and if the colleges demand only this knowledge the students will not study any further than this until the essential and serious demands of their practice, after they get out, will make it absolutely necessary that they know more. Then will they realize two very serious facts: one, that they have but very little knowledge of practical medicine, anyhow, and another, that the knowledge is confined to remedies that were better known thirty-five years ago than they are now, with the exception of less than a dozen of this list, and that the large field of therapeutics is not touched at all by the colleges, and in no way referred to, and that they have not been taught the real, essential vital truths that they now find they most need.

It seems to me that this course will greatly retard the study of materia medica, and, in fact, put us back, and instead of overcoming therapeutic nihilism, will seriously increase it. I have not known of anything in the line of medical knowledge, in the line of advancement, or of endeavor to be made, that appeals to me as so serious a blunder and unjustifiable piece of ignorance as this, and I believe that we should taken open steps to show our disapproval of such a mistake.

Why have they done this? Would the members of the committee or would those who approved the work of the convention which adopted this list be willing to place a knowledge of surgery or of the scientific branches on such an exceedingly superficial basis, on a basis so inferior as to actually

sidetrack that entire branch and leave the student who looks upon this branch as one of the most important ones, in a crippled condition, defective, inefficient and uninformed?

The answer to this question is a large one. I will only say this much: The real truth of the matter is that to handle the subject of the materia medica before the examining boards it must be properly taught in the colleges, and because it is not taught in the colleges and because the "powers that be" are themselves ignorant of the great mass of practical knowledge involved in this superior branch, their actual ignorance suggests the course that is adopted, and because of still existing prejudices, and because of fear that some authority will be exalted which does not recognize the superiority of the dominant school, no recognition whatever is made of the *work of the other schools in this superior line,* which, if recognized, could readily be placed in a position to advance the total knowledge of the profession to a very considerable degree.

Gentlemen, this is a day of progression, a day of advancement beyond all previous precedent. Should it not be entirely devoid of all those elements of dogmatism, of prejudice, of ultra-exclusiveness which exalts the ego and degrades all else?

I believe the total profession should be a unit in the possession of the spirit of tolerance, in the spirit of personal independence, and of scrictly scientific honesty, in recognizing and acknowledging that independent personal work which develops truths, practical, essential, valuable without *regard* to the position the individual occupies or the school that he is classed among. Is this the spirit of the total profession? Far from it.

I believe that at no time in the history of the world should prejudice have dominated the minds of thinking men *so little* as it should today. I believe that the total profession should recognize that which is called *truth* as undergoing *change* from progressive investigation, and should reognize that the *greatest* man, whatever his origin, is *he* who reveals the *most truth,* that it should give the open hand to him as a warm friend who thinks deeply and systematically; who *thinks* that he may add by his truths something of value to the total fund, and this is the work we have endeavored and are endeavoring to do for the total profession.

We have developed these truths—we have declared these truths. We have proven them to be truths. They have stood the severest criticism. Under the searchlight of practical test the mass of theories of the conservatives has gone down. It has failed. Our work stands. It stands on the truth of its principles. Is this a little work? Is this an inferior work? As I have said once before, I would rathed be accredited with bringing to the light a single truth—a single, plain, unvarnished, unpretentious immortal truth—than to be accredited with evolving volumes of fiction in undemonstrable theory.

Stop a moment, now, and think. If we had *not* done this work, if nothing had been done in the development of materia medica and therapeutics but that which has been done by the old school, what would have

been the total status of the knowledge of the materia medica and therapeutics to-day? Withdraw for a moment all the influence that has been exercised upon the total medical thought, upon the total principles of medicine by our school and the Homeopathic school in urging the study of materia medica; in developing systematical thought in its study; in introducing perhaps five hundred exact, reliable remedies in to the pharmacopeia; in formulating and teaching, as I have said, clear and *distinct principles* of drug action; in persisting in the faith and in the declaration of that faith that there is power in drugs to cure disease, and what would be left of a systematic character in the knowledge of drug action today? It is a reasonable inquiry and even an approximate answer to this inquiry consistent with conditions with which we have reason to believe they would have been, is an almost appalling one, and certainly no credit to the advancement of the total profession in this department.

In closing I am glad to say that the present inclination to deflexion in the ranks has nearly ceased; that the body of physicians now calling themselves by our name are a body of men who are positively impressed with the vital possibilities of our method in the future, with its essential value, which will increase as the method is more fully known, and with their individual responsibility in the assisting of the promulgation and in bringing them to the general knowledge of the profession in order that humanity may receive from this a direct benefit. In line with this the national body and our State organizations for the future will be more compact; will work more in harmony with each other, and will do better work and more efficient work in the line that had been done in the thorough establishment and completion of this knowledge, and in the determination of its generalization, and, if so, that from this now, as a co-ordinate, energetic and co-operative organization, we may expect the best results, the most efficient work, the most scientific and exact work that has ever been done, and, in this, and for these ends, I am sure that we will all feel our individual responsibility.

WHAT ECLECTICISM HAS ACCOMPLISHED IN AMERICA.

John Uri Lloyd, Phar.M., Cincinnati, O.

Ladies and Gentlemen:

It affords me much pleasure to supplement the remarks of Dr. Boskowitz, introducing Dr. Ellingwood, and to thank Dr. Ellingwood, in the name of our society and our visitors, for the magnificent address he has given us. It then remains for me to bid you a heartfelt good-bye.

I remember reading many years ago, in an old album of my mother's, a sentence written by my father, when a young man. Let me now apply this, changed a little, to myself, and say:

"Circles are prized, not that abound in largeness, but the exacter round.
So life we praise that doth excel, not in much time, but in living well."

Taking the above as a text, and applying to myself the closing sentence, I will name again the subject awarded to myself, namely, "What Eclecticism Has Accomplished in America." In considering this topic I will first state that Eclecticism has developed a materia medica before unknown. It has discovered remedies world-wide in their use, that had never before been employed. Eclecticism is the outgrowth of a demand. It is a creation, an evolution, having its beginning in humanity's necessity. It did not spring into existence fully developed. From a frail beginning, when stalwart men, appreciating the necessity, threw themselves into the field, it passed down a stony, rocky road, struggling through trials and tribulations into the glories of the present. Eclecticism was not objectless. The record of its journey shows that it had a designedly scientific course, that of giving to the world what could be better utilized by the world than could the therapeutic possessions of the past. Eclecticism naturally turned its attention to the developing of the American materia medica, and made a specialty of the vegetable products of the earth.

Out of the earth comes all that man uses—everything. Whatever you see in the room about you, whatever you find in this city or in this great land, is of the earth created. Your own body is borrowed from the dust. Nor do we exclude, as earth gifts, even the light that illuminates this hall. Does not the electric current spring into life from the coal that burns under the boilers that hold the water that makes the steam that moves the engine, and, by the changing metamorphoses that follow, spring here into light? Coal is a part of the earth, and the energy locked therein, garnered from the sun, is illuminating us to-day, after some eons of centuries have passed. In the same manner vegetation of to-day is giving to the Eclectic physician the earth-bred, sun-nourished remedies employed. Think it all out, and marvel over it all.

"What has Eclecticism accomplished in America?" Were I to attempt to depict *all* that Eclecticism has accomplished this session would be extended to the morrow, and again to another and yet another morrow. Let me therefore restrict my thought and contract my words to one feature of the cause. Think of the men and the work of the men who have contributed to the riches that are now at our command. Professor Ellingwood has mentioned some of these men, and has referred to what they have accomplished. Could he have mentioned all, again I say to you he would have required many hours, and a marvelous story of effort and sacrifices in behalf of principle would have come to you.

Listen! Of the numbers of men who would be named, the greater number would consist, perhaps, not of those who have been conspicuous in either the public or the private eye. I say to you in all earnestness, ladies and gentlemen, that the battle is not altogether to be credited to the officer who stands aloof on the heights and directs the efforts of others; it is the soldier in the ranks who conquers the enemy. And so it has been in the crusade that engaged the early efforts of Eclecticism. Men out of sight, in every part of the country, have self-sacrificingly done their work, help-

ing the people among whom they have lived, and are no more seen, individually, than are the individual soldiers who win the battles of every war. Credit not, then, the general alone. Think of the men who in the phalanx fell or survived. Give credit in Eclecticism, not alone to the conspicuous leaders, but to the individual soldiers, scattered here and there throughout the length and breadth of the land.

Take now the word "Eclectic." Define it by the aid of dictionary or encyclopedia, if you please, but accept that the definition thus embodied is contracted and inconclusive as applied to the workers in our school of medicine. They have added a something to the definition not to be found in the dictionary. We are not "selectors" only from that which is best. We are also givers to others and contributors to those who give to us. The word "Eclectic," fifty years ago, when I studied down in Kentucky in the "Knob" region, included much not now commonly understood under that name. The "Eclectic Series of Readers" was widely scattered throughout the land. And to me the word *Eclectic* was linked with another word, *Excelsior!* My good mother used to read me that well-known poem of Longfellow descriptive of the youth carrying up a mountain a banner inscribed with the word EXCELSIOR. I can see the picture that accompanied, as now I look backward. These two words, *Eclectic* and *Excelsior,* were in my imagination inextricably blended, and, in my opinion, from the very beginning of the efforts of the fathers, these two words have been entwined on the banner of the Eclectics.

The Eclectic cause could not otherwise have been a success, nor could the adherents of Eclecticism have given to those of other schools, in return for what these have given us, had the Eclectics been restricted to "selecting the best" from the materia medica and practice of others. The Eclectic is not, like the mistletoe, a parasite, sucking the life from its mother-host, nor is it like the orchid, an air-bred wanderer. Nor is it a fad, such as come and go, adding a mite of good or bad, and disappearing of itself. But it is a mighty current that, established nearly one hundred years ago, moves still onward, with a well-marked course, contributing to the benefit of humanity.

Let us now return to the men who have made the name Eclectic honored in medicine. Their remedies, as contributed, are now found in every pharmacopeia of the civilized world. These men were *reformers,* in that they opposed cruelty in medicine and bespoke kindness to the sick. They were *students* in that they listened to the voice of nature and studied in nature's great book. To them *fact* was authority, not *creed.* They looked with kindly toleration upon those who differed with them, resisting the bad and crediting the good. With one hand they grasped the gifts of the aborigines and those versed in domestic medicine, as well as those of their brethren in other fields. With earnest effort they struck into untried fields, and then with the other hand they gave freely from their own researches to those about them and to the world.

Let us pass the details of the work the Eclectic has accomplished in

this great field. It would be impossible to do better than repeat the words of Professor Ellingwood, although in lines outside of what Professor Ellingwood has said lie texts that would give hours of opportunities. Let us close by saying that the Eclectic school of medicine credits freely that which others have contributed to humanity. It believes that in this great field, in which as yet the first plant has not been analyzed to its ultimate, there is room for all to work and for all to receive. It accepts that there is an infinite number of plants, each with an individuality of its own, that might properly conserve man's necessities. It believes that in America yet lies an untold wealth of opportunities to come to one and all. It comprehends that the known of to-day is but as a tiny point in a great blank page, and that in this untouched field lie the opportunities of those who are to carry the efforts of Eclecticism into the future.

Again I take the opportunity of thanking Dr. Boskowitz for his delightful introduction of Dr. Ellingwood, and of saying to the audience that I join with one and all in thanking Dr. Ellingwood for the scholarly address he has given us.

THE HIGH-FREQUENCY CURRENT IN OPHTHALMOLOGY.

R. C. Hefflebower, M.D., Cincinnati.

While the literature of electro-therapeutics in ophthalmology is extensive, it deals almost exclusively with the galvanic form of treatment, with some attention also to the employment of the X-ray. These two modalities have their well recognized and thoroughly established position in ophthalmic therapeutics. On the other hand, the high-frequency current as an agent in the treatment of diseases of the eye has not been widely exploited, and most of the latest editions of the text-books upon ophthalmology do not even mention it. To be sure, an article occasionally appears in one or the other of the current journals upon the subject, but it is usually in some periodical not widely read by the general profession.

It is the duty of the oculist, as well as of the general practitioner, to employ all possible means of relief or cure, and the high-frequency current is by no means the least in those conditions presenting themselves for treatment by the oculist. Naturally, if beneficial results are to be obtained, its use must be in the hands of one thoroughly conversant with the pathological conditions present and the kind and dosage of the current; otherwise, the results will be disappointing and the desired end not attained.

In all the conditions mentioned in this paper the usual treatment, both local and constitutional, must be employed in the ordinary manner. The high-frequency current is not a cure-all, but simply a valuable adjunct and therapeutic agent when properly employed. When unintelligently used, like all other remedial agents, it may be productive of positive harm.

The high-frequency current is obtained either from an apparatus designed especially for the purpose or from an X-ray machine with the addition of a high-frequency combination. It cannot be obtained from a static

machine. I make this positive statement on no less an authority than Tousey, who says: "Some manufacturers claim that their static machine will give a high frequency current direct. They use in conjunction with the static machine a vacuum electrode. When the vacuum electrode is placed in contact with the patient it will light up with a violet color the same as it would if attached to a high-frequency apparatus, but the sensation produced in the patient is entirely different, being of a vibratory character; it is, in fact,

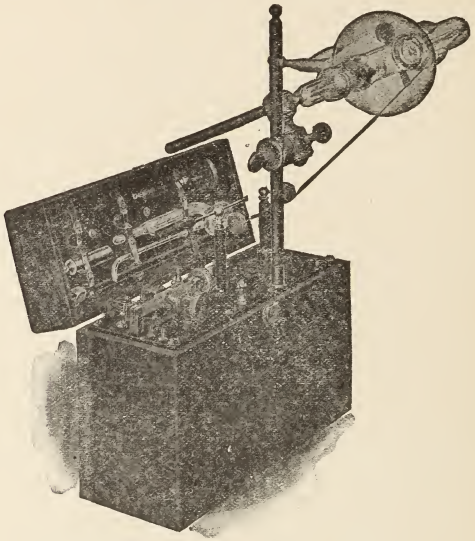

FIG. 1.—Portable high frequency outfit.

when used in this way in conjunction with the static machine, simply a method of applying the wave current by means of vacuum electrodes. . . . . In order to demonstrate the fact that this current is not a high-frequency one, it is only necessary to insert between the electrode and the apparatus a little instrument known as the oscilloscope. . . . With the static you will notice that the violet color is all on one side of the center, whereas when connected with the Tesla current it shows the violet color on both sides of the center."

The high-frequency current consists of a vast number of vibrations per second, depending upon the amouunt of current and the kind of apparatus. To quote Tousey again: "When a discharge of electrostatic energy takes place from a Leyden jar the spark does not represent a single exchange of the exact amount required to equalize the electric conditions of its two armatures. On the contrary, the state of equilibrium is reached by a series of oscillations back and forth at the rate of 500,000 a second. . . . The

relative electric condition of the two armatures undergoes 500,000 alternations a second, and if the human body is connected with both armatures the application is quite different from any form of galvanic or faradic current. It is more analogous to the static spark or breeze than to anything else, but at the same time with the best high-frequency apparatus a current of from 100 to 500 milliamperes passes through the patient. This current is of incomparably greater volume or amperage than that which passes between the poles of the most powerful static machine. The effect upon the patient is

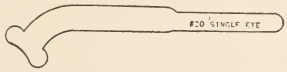

FIG. 2.—Single eye vacuum electrode.

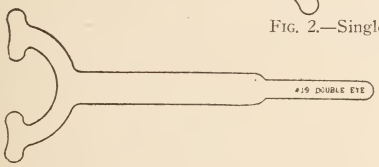

FIG. 3.—Double eye vacuum electrode.

due to the self-induction in the coil uniting the two Leyden jars, which forms an essential part of all high-frequency apparatus." In some forms of the apparatus as many as 2,000,000 vibrations per second may be obtained.

This describes, in brief, the nature of the high-frequency current as used in treatment of the eye. The form of the apparatus matters little, provided it gives a good current and is properly regulated.

The electrodes necessary for treatment of ocular conditions are the single and the double eye-electrodes, and the fulgurating electrode for epithelioma, lupus and the like.

The length of a treatment varies somewhat in different cases, but, as a rule, from five to twelve minutes are given. This I have found to be the best average treatment, as a longer period sometimes causes too much irritation of the palpebral integument as well as weariness on the part of the patient.

Although the high-frequency current is of vast service in the treatment of many conditions, I shall confine myself briefly to its use in ophthalmic work and endeavor to present some of the advantages offered by its employment. In all cases the medicinal treatment, both local and constitutional, is the same as if the high-frequency current were not employed. Therefore, no mention will be made of it in the treatment of the various pathological conditions I am about to discuss. For convenience the various ocular affections will be considered alphabetically:

Blepharitis Marginalis.—This condition yields readily to the high-frequency treatment, providing the refractive error is corrected. The time required varies from two to three weeks.

Chorio-Retinitis.—The course of this disease can be materially curtailed,

the consequent tissue changes reduced to the minimum, and the maximum amount of vision secured. After from four to six treatments a decided improvement can frequently be noted.

Choroiditis Exudativa.—While choroiditis often requires a greater length of time than the foregoing condition, the results obtained are decidedly more gratifying than those given by the ordinary forms of treatment alone. In one case where the disease had existed for a week before I first saw the patient, vision was 15-60 at the first visit. It gradually became worse, until only light-perception existed. After twelve treatments with the high-frequency current, in conjunction with the usual medication, vision had improved to a little better than 15-20. After five more treatments vision was normal, with but trifling changes in the upper choroid. The perimeter revealed no scotoma.

Corneal ulcers of all varieties heal more rapidly when treated by this method, and the accompanying pain is reduced to a minimum. I have used the electro- and the actual cautery in these cases, but high-frequency has given the most satisfaction. Of course, other measures are not to be neglected.

Episcleritis yields more readily to the high-frequency treatment, when combined with the other measures, than it does to anything else. In one case, that of a rheumatic woman, where the episcleritic nodules had persisted for many months, the condition cleared up in six treatments, and she reports after eight months there has been no return of the disease. In another case, that of a physician, non-rheumatic and non-specific, the nodules disappeared after four treatments and the pain and discomfort ceased altogether. I see this patient almost daily and there has been no return of the trouble. It had resisted all of the usual remedies over a period of many months.

Epithelioma, in its earlier stages especially, as seen upon the lids, at the canthi or in the immediate vicinity of the eye, can be readily destroyed by means of the high-frequency current and the fulgurating electrode, in from one to three sittings. The pain is inconsiderable and may be materially lessened by the aid of cataphoresis.

In *glaucoma,* while I have found the high-frequency current to relieve the pain of the acute form temporarily, I have not been able to convince myself that it acted with much of a curative effect in either the simple or the chronic forms of the disease. I had hoped that the visual acuity and the field of vision might be improved, but after using it in a number of cases I have been disappointed.

Herpes Zoster Ophthalmicus.—Mortimer, of New York, recommends the use of the vacuum tube in conjunction with the static machine in this condition. I find, however, that the high-frequency vacuum electrode is of much service in relieving the pain, both in the eye and the head, and that it greatly facilitates healing of the corneal ulceration when the herpetic affection attacks the cornea.

Hypopyon keratitis is greatly benefited by the use of the high-frequency current, the disappearance of the pus being facilitated and the healing of the

ulcer hastened. The resulting cicatrix is less dense than where the current is not used, and a greater amount of vision obtained.

Iritis affords perhaps the best example of the analgesic property of the high-frequency current. Take a case of acute plastic iritis, with the intense neuralgia accompanying it, apply the vacuum tube, and the result is as gratifying as the relief is prompt. Pain is relieved, mydriasis is assisted and synechiæ are often overcome. Resolution is much more rapid than when unaided by the high-frequency current.

It matters not what the cause of the iritis may be, whether rheumatic, syphilitic or idiopathic, the results are the same. The relief of pain, the prevention or the breaking up of synechiæ, the clearing up of the aqueous and the vitreous, and the resultant increase of visual acuity quickly follow the intelligent use of this form of electric current.

In cases of irido-choroiditis, in addition to the above beneficial results, the opacities of the vitreous are cleared up much sooner than by other methods.

In serous iritis and serous irido-choroiditis the use of the high-frequency current greatly facilitates recovery and leaves the eye in a much less damaged condition than when it is not used. These are cases that under other methods of treatment alone are protracted over a period of many months. then only to recover with but a fraction of normal vision. This form of electro-therapeutics gives a much higher percentage of useful vision than any other that I know.

Keratitis in any of its forms is decidedly benefited by the high-frequency current, none more so, perhaps, than the parenchymatous variety. Here the course of the disease is shortened, the amount of infiltration of the corneal tissue is lessened and more rapidly absorbed, and the visual acuity ultimately increased beyond that afforded by any other means. Constitutional and local treatment should be regularly employed.

Other forms of keratitis are benefited in like manner.

Lens.—With the use of the high frequency current in lenticular alterations, such as local or diffuse opacities, central and peripheral incipient cataract, I have had as yet too limited experience to make definite statements. In two cases, however, under its use for other conditions, lenticular opacities have appeared to become less pronounced, while the visual acuity has actually improved.

Lupus.—In small patches of lupus in the neighborhood of the eye, the high-frequency current applied with the fulgurating electrode is useful in destroying the diseased tissue, one or two applications often serving the purpose. For large areas the X-ray gives the best results.

Opacities of the Cornea.—Corneal opacities, more particularly those of recent origin, are absorbed under the prolonged application of the high-frequency current. Of course, where the opacity amounts to a leucoma, or anything near it, the result cannot be a good one, but those less dense may be materially thinned and vision correspondingly improved. This is espe-

cially true if the opacities are the result of a former parenchymatous keratitis.

Opacities of the vitreous in many instances are absorbed by the use of the high-frequency current applied in the usual manner with the vacuum electrode. Improvement often begins after from four to six treatments In a case which I now have under treatment vision has improved from 15-40 to normal.

Retinal hemorrhages are more readily absorbed by the use of the high-frequency current than by any other means at our disposal, not excepting galvanism. More time is usually required for their absorption than in the case of opacities of the vitreous, but the results are generally satisfactory in a high degree. In a case of multiple hemorrhages of the retina in a woman, where vision was reduced to less than half, after ten treatments absorption had taken place, vision had become normal, and only slight pigmented areas occupied the sites of the hemorrhages.

The above statements are simply the condensed reports of many cases occurring in daily practice, and might be elaborated at much greater length. As this is intended to be a succinct exposition of the uses of the high-frequency currency in ophthalmology, I shall feel amply repaid if it has answered its purpose, namely, that of drawing your attention to a valuable addition to ocular therapeutics.

DISCUSSION.

Dr. R. T. Rudd (Fulton, Ky.): I just want to say that this is a splendid paper, and it is a subject that some of us may not know very much about, and one that none of us know too much about. It is a field that we should study. I have a little experience along this line. For about seven years I have been using this high-frequency current. I used it in various cases, and I get results easier from this than any other treatment I have ever given; especially in any disease where there is not the proper secretion, it seems to cause circulation of the conjunctiva. I have had any number of old men who have been suffering for a number of years with a kind of epithelial condition. These treatments take a little longer, but I usually am able to dismiss the patient after ten to fifteen treatments, feeling very comfortable. Another thing I find, that in using this high-frequency current in connection with the X-ray, alternating with it, gives very fine results in lupus. We can soon thin down this covering. I find lupus is one of the hardest of the skin diseases to treat to get perfect satisfaction, and the high-frequency and the X-ray gives me better results than anything I have seen used. The treatment is perfectly painless, and I think we should take up this work more thoroughly.

Dr. Heflebower: The doctor touched a very important point when he spoke of the use of the X-ray alternating with the high-frequency. That is something that is not generally done, but it is conceded among many who have had a good deal of experience that the use of the high-frequency current for a few minutes after the application of the X-ray is the proper thing, for this reason: The action of the X-ray, as you all know, is essentially destructive in its nature, after its use a certain length of time. Like many other therapeutic remedies, it is first stimulating and finally deadening or destructive. The action of the high-frequency following the application of the X-ray is beneficial, for the reason that the high-frequency

current is stimulating, and some of the deadening of the tissue is overcome by its use, and many expert operators are now using the high-frequency current to supplement the X-ray treatment, simply as a therapeutic agency. The X-ray undoubtedly is the therapeutic agency *par excellence* for lupus to-day. It is to my mind more satisfactory than the use of the Finsen light. I have had an opportunity to investigate the Finsen light. In fact, I spent about five months in the Finsen Light Institute in Copenhagen. While they obtain results there, they extend over a long period of time, varying from two months to three years, and we cannot control our patients for that length of time. The area of treatment with the use of the Finsen light is very small, about three-quarters of an inch in diameter each treatment, and each particular spot has to get well from one treatment before it can be treated again, while with the X-ray large surfaces can be treated at one time, and the effect is much more rapid than with the Finsen light, and in my experience leads me to believe that the X-ray is superior for our purpose at least.

Another thing I want to bring out is that the use or application of the high-frequency current is not limited to diseases of the eye, and you general practitioners, especially those who have delved into electric therapy, will know that it is a valuable adjunct to treatment in many diseases, general as well as local.

REVISED CONSTITUTION AND BY-LAWS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Adopted June 23, 1911, at Louisville, Ky.

CONSTITUTION.

Article I.—Name.

This society shall be known by the name of "The National Eclectic Medical Association."

Article II.—Object.

The object of this Association shall be to maintain organized co-operation between the several State Eclectic medical societies and Eclectic medical colleges, for the purpose of promoting the art and science of medicine and surgery, the dissemination of beneficial knowledge and the Eclectic practice of medicine.

Article III.—Membership.

This Association shall consist of such members as are members in good standing in the several State Eclectic medical societies that are members of this Association, and of such other members uniting independently from the States where there is no State Eclectic medical society.

State Eclectic medical societies in the several States, accepting the provisions of this Constitution and By-Laws of this Association, may become members of this Association, and shall be represented as follows: Each State Eclectic medical society that shall become a member of this Association shall select at its annual meeting one delegate and alternate to represent them in this Association. Each Eclectic medical college recognized by this Association, as provided in the By-Laws, shall be entitled to one delegate. In States where there is no State Eclectic medical society, individual members of this Association residing in such States may select a delegate from their number, and on their failure to do so the President of this Association shall appoint such delegate. They shall meet and organize on the first day of each annual session.

To them all resolutions, reports, propositions and suggestions relative to financial and business affairs, management and legislation of the Association, as well as all matters other than medical and scientific subjects, shall be referred without debate thereon, and no discussion shall be had in the Association upon any subject referable to them, except upon the report which shall be made to the Association for consideration.

They shall upon the last day of each annual session of this Association, by ballot, elect the officers and select the meeting place for the next annual session of this Association.

State Eclectic medical societies that are members of this Association shall pay an annual per capita tax of Two Dollars for each member in good standing in said society.

By virtue of the payment of this per capita tax, each member of said society in good standing may become a member of this Association, and thereby entitled to all the privileges and immunities of this Association.

Those uniting from States where there is no State medical society, the annual per capita tax shall be Three Dollars.

Article IV.—Officers and Executive Committee.

The officers of this Association shall be: A President, three Vice-Presidents, a Corresponding and a Recording Secretary, and a Treasurer, who shall severally exercise the powers and duties assigned to such officers by usages of parliamentary and corporate bodies. They shall constitute the Executive Committee of the Association for the transaction of all its business and affairs, when the Association is not in session, except such as shall have been delegated to standing and other committees. Their official paper shall, wherever practicable, be authenticated by the seal of the Association.

Article V.—Committee on Status and Organization.

The Committee on Status and Organization shall consist of the Recording Secretary of this Association (who shall be its chairman), the secretaries of the several State Eclectic medical societies, and one member of this Association, or other suitable person, to be appointed by the President, from each State in which there is no State Eclectic medical society. This committee shall meet on the evening of the second day of each annual session, to consider the condition of Eclecticism in the several States, and ways and means for a more perfect organization in this Association. The report of the committee shall be submitted to this Association on the morning of the third day of the session.

Article VI.—Reports and Essays.

Within three months after the close of each Association, the President shall designate members as chairman and secretaries of the several sections, whose duty it shall be to procure papers and reports for their respective sections, to be submitted at the ensuing annual session. Every member of the Association, however, may communicate to the Association or its Secretary, such discoveries, improvements, suggestions and interesting cases as he shall consider useful, and may present papers or essays on topics connected with medical science or practice, and the same, whenever judged of sufficient importance, may be published in the Quarterly.

Article VII.—Meetings and Quorums.

This Association shall convene in annual session at 10 o'clock A.M. on the third Tuesday of June in each year, and at such place as shall have been designated. The Executive Committee, however, shall have power to

change time and place in case an emergency shall arise that makes such change necessary or expedient. The period of each annual session shall be at least four days. Twenty-five members, representing at least five States, shall constitute a quorum for the transaction of business.

Article VIII.—Amendments, By-Laws, Etc.

This Association has power to enact by-laws for its government, consistent with the provisions of this Constitution, and to suggest forms of constitutions and by-laws for the State Societies which elect to become members of this Association. Amendments thereto, and to this Constitution, may be made at any annual session of this Association, by an affirmative vote of not less than two-thirds of the members present, notice thereof having been given at the previous annual session and printed in the announcement of the session at which the vote is to be taken thereon. Such previous notice, however, may be dispensed with, and an amendment adopted at the annual session at which it is proposed, if, after laying on the table one day, the vote thereon is unanimous.

BY-LAWS.

Article I.—Membership.

Section 1.—Upon the recommendation of the Committee on Credentals, this Association may receive as members such persons who are members of a State Eclectic medical society a member of this Association, who are graduates of Eclectic medical colleges that are recognized by this Association; or such Eclectic practitioners as may be legally qualified to practice medicine in their respective States; or other reputable physicians, qualified as above, who pledge themselves to uphold the principles of Eclecticism, as shall be duly recommended by a State Eclectic medical society that is a member of this Association; also applicants from States where there is no State Eclectic medical society; also persons of high scientific attainments in the United States, and foreigners of high medical and scientific attainments; and citizens who have rendered signal service to the Eclectic medical profession, may, upon the nomination of a member of this Association and the recommendation of the Committee on Credentials, at any annual meeting of this Association, be elected to membership at the next following annual session.

Section 2.—Each State Eclectic medical society that is a member of this Association is entitled to send names of new members at any time to this Association. Credentials shall set forth his or her academic rank, the institution from which and the year in which he or she received the degree of Doctor of Medicine, and time during which he or she has been engaged in the practice; also applicants presenting credentials as above, from States where there is no State Eclectic medical society, may, when recommended by the Committee on Credentials, be elected to membership in this Association, and their per capita tax shall be Three Dollars.

Section 3.—The Committee on Credentials shall post in a conspicuous manner, in the place of meeting, all names referred to them, before action shall be taken thereon. Each applicant reported favorably by the Committee on Credentials shall be admitted without vote, unless vote by the Association shall be demanded by any delegate.

Article II.—Fees and Dues.

Section 1.—State Eclectic medical societies that are members of this Association shall after the first year pay a fee of Two Dollars as annual dues per each member in good standing in said society, which shall be for-

warded to the Secretary of this Association. Persons who reside in States where there is no State Eclectic medical society shall pay a fee of Three Dollars as annual dues to be remitted to the Secretary of this Association.

Past Presidents and other worthy members of this Association may, by a two-thirds vote at an annual session, be exempt from the payment of annual dues, but not from the duty of annually reporting place of residence; and members so exempted shall be designated as "exempt members." Also members of State societies that are members of this Association, who are exempted from dues in their State society, shall also be exempted from dues in this Association, but all "exempt members" who desire THE NATIONAL ECLECTIC MEDICAL ASSOCIATION QUARTERLY must pay the subscription price of One Dollar annually, as the postal laws require.

SECTION 2.—Each member shall be entitled to a certificate of membership, duly authenticated by the signature of the President and Secretary and the seal of this Association, and shall also be entitled to THE NATIONAL ECLECTIC MEDICAL ASSOCIATION QUARTERLY. Duplicate certificates of membership may be given in case the first certificate be lost, on payment of Two Dollars.

SECTION 3.—On the second and also on the third day of each annual session, the Secretary shall report, in open session, the names of all members in arrears for dues for more than one year. A member so reported shall not be entitled to exercise the right of membership until his or her arrears for dues shall be paid.

SECTION 4.—Any member whose dues have not been remitted by the secretary of his State society shall stand suspended without further action of this Association. A suspended member may be reinstated, by reinstating in the State Eclectic medical society of which he or she was a member, and paying of all arrearages and dues to this Association. A suspended member who resides in a State where there is no State Eclectic medical society may reinstate on recommendation of the Commitee on Credentials and payment of all arrearages and annual dues.

ARTICLE III.—ETHICS.

SECTION 1.—The members of this Association shall exercise towards each other, towards all other physicians, and towards all mankind, that courtesy and just dealing to which every one in his legitimate sphere is entitled, and any departure therefrom shall be deemed unprofessional, undignified and unworthy an honest practitioner of an honorable profession. It shall also be regarded as unbecoming to engage in any form of practice or of advertising which shall tend to lower the physician in the esteem of the community, or to reflect discredit upon his professional associates.

ARTICLE IV.—DISCIPLINE OF MEMBERS.

SECTION 1.—Any member may be officially censured, invited to withdraw, or be expelled from membership, for unprofessional or other improper conduct, or for violation of professional comity, but specific charges shall first be made in writing, and one copy presented to the accused, or to some person authorized to act in his behalf, and another to the Secretary, at least one month before the annual session at which action is taken.

SECTION 2.—A member of this Association, who commends a proprietary medicine which is advertised to the public, whether the formula be known or not, shall be subject to discipline, as above provided, for unprofessional conduct.

SECTION 3.—Any person expelled from this Association shall not be reinstated until the State Eclectic medical society to which he belonged shall

show good and sufficient cause for his reinstatement; and in case he or she resides in a State where there is no State Eclectic medical society, said sufficient cause must be shown to the Committee on Credentials.

Article V.—Medical Colleges.

Section 1.—The schedule of requirements for graduation of students in medical colleges recognized by this Association, shall be the same as prescribed by and fulfilled in the minimum requirements of the National Federation of Eclectic Medical Colleges, which Confederation shall be under the direction of this Association, and to it shall be referred for its action all matters pertaining to the study of medicine. At each annnual session of this Association, the National Confederation of Eclectic Medical Colleges shall report for approval all business transacted by it. No college shall be given recognition by this Association as a medical college until it shall have held four annual terms and graduated a class, and shall be shown to have complied in all other respects with the requirements of the National Confederation of Eclectic Medical Colleges. The list of medical colleges recognized by this Association shall be published in the Transactions of each annual session.

Article VI.—Duties of Officers.

Section 1.—The President shall have general supervision of the Association, and shall appoint the following standing committees, in addition to those named in the Constitution:

(1) *On Credentials:* An annual committee, to consist of three members, no two of which shall reside in any one State, to act on applications for membership and reinstatements.

(2) *On Grievances:* An annual committee,to consist of five members, to whom shall be referred all complaints and disputes between members, and charges against members of unprofessional conduct.

(3) *On Organization and Legislation:* An annual committee consisting of one member from each State. To this committee shall be referred, without motion, all matters pertaining to the enactment and enforcement of laws for the regulation of the practice of medicine in the several States, affecting the status of Eclectic medical colleges and Eclectic physicians of such States.

(4) *On Finance:* An annual committee consisting of three members, to whom shall be referred all matters of expense for the ensuing year, excepting salaries and such other expenses as may be fixed by this Association. In case this committee shall fail to approve or disapprove any bill, within ten days after its submission for approval, the Secretary may report the omission to the President, who with the Treasurer and one of the Vice-Presidents, shall thereupon have power to approve or disapprove such bill.

(5) *On Necrology and History:* To consist of three members.

(6) *On Audit:* It shall be the duty of this committee to audit the accounts of the Secretary and Treasurer, and report at the annual meeting at such times as the report may be called for.

Section 2.—The Vice-Presidents are to co-operate with the President in furthering the interests of this Association, and, in case of his absence or death, assume his duties in their respective order.

Section 3.—The Recording Secretary shall have charge of the proceedings of this Association, and shall act as custodian of the property of the same. He shall keep the records of the meeting, and shall keep a complete file of all books and papers belonging to the Association. He shall receive all moneys belonging to the Association and pay them over to the Treasurer without delay. He shall receive an annual salary of Two Hun-

dred Dollars. He shall give a surety bond of Five Hundred Dollars for the faithful performance of his duties. At the expiration of his official term he shall turn over to his successor, in good order, the appurtenances of his office.

SECTION 4.—The Recording Secretary and Treasurer shall receive reimbursements for expenses incurred, for travel to and from the meetings, together with hotel bills.

SECTION 5.—The Corresponding Secretary, in addition to the usual duties of such office, shall, under the direction of the President, have charge of and make arrangements for the sessions of the Association, and shall procure reduced railroad rates, and otherwise aid the officers in the performance of their work, and shall edit the QUARTERLY.

SECTION 6.—The Treasurer shall receive moneys from the Secretary, and disburse and have charge of all moneys belonging to the Association, paying all current and other bills approved by the Finance Committee. He shall render a statement, at the close of each fiscal year, of his receipts and disbursements. He shall receive an annual salary of One Dollar. He shall give a surety bond of Three Thousand Dollars for the faithful performance of his duties. At the expiration of his term of office he shall turn over to his successor, in good order, the appurtenances of his office.

ARTICLE VII.—SECTIONS, PAPERS AND ESSAYS.

SECTION 1.—Provision shall be made for the holding of as many sections as may be desired, at annual sessions of this Association. All papers designed for this Association shall be accepted and read, or referred by title to its appropriate Section, and become the property of this Association. In the absence of any officer of any Section, the vacancy shall be filled by an appointment by the President.

SECTION 2.—The chairman of each Section shall convene his Section at the earliest possible opportunity, and all papers that have been submitted shall be considered, and the recommendations of the Section communicated to the Association. The reading of any paper or essay shall consume not more than fifteen minutes, and no member or members shall speak more than twice on the same subject, nor consume above three minutes. The entire discussion of any subject shall not occupy more than thirty minutes.

SECTION 3.—No paper or essay shall be presented in any Section except by a member of this Association.

SECTION 4.—The secretary of each Section shall submit to the Corresponding Secretary of the Association a full list and report of all papers and essays presented, and the Section's recommendation thereon, and at the close of each session of a Section shall deliver all papers, essays, documents and records of the Section to the Corresponding Secretary of the Association.

ARTICLE VIII.—TRANSACTIONS AND PUBLICATIONS.

SECTION 1.—All papers read or submitted by title to this Association shall be its property, and shall be published only at the discretion of the Publishing Committee in the QUARTERLY, though members may reserve the right, if they wish, to copyright the same, the fact to be so stated in the published report of the Association. Papers, to be entitled to publication in the QUARTERLY, shall be in the possession of the Corresponding Secretary within twenty days after the close of the annual meeting of this Association. No paper previously published in any other periodical, or in any other form for distribution to the public or to the profession, shall be published by this Association.

The National Eclectic Medical Association
QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
FOREST, HARDIN COUNTY, OHIO.

Advisory Board..... { J. K. SCUDDER, M.D., Chairman. E. J. FARNUM, M.D.
O. C. WELBOURN, M.D. W. N. RAMEY, M.D.

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THE NATIONAL, A FOREWORD.

Every member of the National Eclectic Medical Association should ask himself this question: "What can *I* do to increase the membership of the Association?" He should answer it by inducing at least one physician who stands aloof to unite with his State society and the National. It seems to me this answer is practical and not beyond the power of any of us. Such an answer will double our membership in the next year. Let me urge, then, that each one of us resolve to secure the *one* new member before the next annual meeting. It will raise our membership to 2,000 or more.

This is an age of organization and concentration of energy; and Eclecticism is to be measured to-day by the standard of organization. Her strength and influence, socially, politically and professionally, cannot rise above the strength and influence of her central organization. Her power for good exists in the concentration of her scattered forces. Her vitality can be sustained only by the united efforts of all her members. Her future existence depends entirely upon the concentration and amalgamation of her individual forces. Her death can only result by disintegration.

Members only of the National will read this; therefore my plea is to them. The year just past was marked by a decided advance in the fortunes of Eclecticism; the year just ahead seems propitious if we are alive to its opportunities and possibilities, through a more perfect organization of our forces. Let me urge you, then, to seek out some indifferent brother, who, having secured the right to practice his profession, forgets his obligation to Eclecticism, who fails to realize that he holds such right to practice medicine only through the labors of those who, year after year, toil for the common good. Show him, if you can, why he should give of his little store a few paltry dollars in order that his standing in his profession may continue secure. Show him the palpable injustice of which he is guilty when he selfishly refuses to support the organizations which give him strength, and callously permits his brother-physicians to carry all of a burden, a portion

of which he should bear upon his own shoulders. Urge him to attend his State society and the National if he can possibly do so; if not, then insist that he help to sustain them by contributing the little sum of four dollars per year to their support.

Then, as a tribute to liberal medicine—Eclecticism—and a proof of our interest in human welfare, let us do this one act this year.

I will, will you? STEPHENS.

THE NATIONAL.

The forty-first annual meeting of our National Association has passed into history. Its most characteristic feature was the prevailing harmony and good feeling.

The new constitution and by-laws, as published in this issue, was adopted by unanimous consent. All State societies have now come into full affiliation. Nearly 200 members were added to our list. The treasury is in a healthy condition, and there is certainly cause for congratulation all around. We have followed the welfare of our National body since about 1888, and never have we witnessed such a feeling of fellowship as prevailed in Louisville. It augurs for good only.

Ex-President Munk has certainly cause for congratulation over the success of his administration, and the promoters of the present plan of re-organization have seen their predictions exceeded.

There is still abundant work to be performed. Many State organizations need encouragement and re-organization. Some States need organizations where none now exist. Weak-kneed brethren need stimulating. Our colleges need encouragement, or rather financial and moral support. We must be cautious, therefore, that our success does not cause such a feeling of security that "General Apathy" succeeds to the command of our National organization. This will not take place during the present administration, as our new president appears to be a stranger to the "General," or at least there is a misunderstanding between them. This being the case, let us go forward in our work, for there is abundance of it to do in every State in the Union, especially so in legislative work. Our password should therefore be for the present, "Get busy."

LABORATORY VERSUS CLINICAL THERAPEUTICS.

We have previously called attention to the positive assertions of our laboratory workers, and we might with justice say that their claims are so positive as to be bigoted. The practicing physician (or, if you prefer, the internist) has found a new, and yet not a new, but a capable and talented leader in Hobart A. Hare. We wish we could copy his entire address before the Ohio State Medical Association, but must content ourselves with a few extracts. The entire address will be found in the *Therapeutic Gazette,* June 15. It is entitled "The Dangers and Duties of the Hour."

"I think it may be asserted that no man should begin the study of medicine before he is eighteen, and that he should begin practice not later than twenty-five. . . . I forcibly insist that the main object of a medical school designed for teaching general practitioners, should be the preparing of their students to meet the exigencies of practical work. In other words, I urge that practical teaching be improved or increased before we attempt to increase or improve teaching in so-called scientific branches. At present the teachers of theory are waging a campaign which is endeavoring to supersede the teacher of practice, and are carving out of a mass of inexperience hard and fast curricula which do not meet the needs of the man involved.

"This endeavor is based upon the erroneous conception that each undergraduate student is destined to become an original investigator of the laboratory type, instead of a general practitioner of the bedside type, whose duties are as far removed from original research as are the duties of the astronomer from those of the duties of the captain of a trans-Atlantic liner.

"If we turn to pharmacology and therapeutics, we find that to-day materia medica, as it used to be called, is practically no longer taught. . . . The average general practitioner is not and should not be a laboratory investigator. The practitioner must follow the smooth highway already made safe and sure by the pioneer and the hosts that have followed him. . . . Practically without exception these well-intentioned members of our guild, whose actual experience is rarely in excess of ten years of teaching, attempt to instruct the practical teacher as what he shall do, and demand that hours devoted to practice be devoted to the laboratory. They wish the student to get all his practical training after, not before, he gets his degree; and in an endeavor to make all things fit their so-called scientific views they seek to establish cast-iron curricula, which are as far removed from accuracy and practical fact as possible.

"It has become a custom in some instances to place in charge of the chair which bears the title of 'therapeutics' men who are not clinicians, but who pride themselves upon being expert pharmacologists. Often they have not had any bedside experience to qualify them for the consideration of practical therapeutic problems, and not uncommonly they are physiologists and chemists rather than medical men. Their wish to make therapeutics an exact science is laudable, but too Utopian to be attained, for in all time the never-ceasing variations in the body in health and disease, will require the art of *experience* as well as scientific fact. . . . Unfortunately, some of the pharmacologists, largely because of their lack of clinical experience, have actually had the temerity to adversely criticize measures which long years of experience have proved to be valuable. . . . In other words, there are innumerable illustrations of the fact that the clinical therapeutist often gets results by means or methods which are based upon empirical observations, without being able to bring forward an exact explanation of how they do good."

He quotes from Tyrode as follows:

"In spite of the efforts of cranks on psychotherapy, dietetics and physical therapeutics to abolish the use of drugs or belittle their advantage in the treatment of disease, these therapeutic agents have persisted and are still flourishing after the late passing period of therapeutic nihilism. . . . It is unnecessary to defend the rights and accomplishments of drugs in modern therapeutics, because the results obtained speak glowingly for themselves."

In speaking of Cushny, he says:

"He sees in the problems of the bedside an attraction with which the accuracy of the laboratory cannot compete, so that he is now devoting his time not so much to the study of the action of a drug on the dog as to applying the knowledge gained to the needs of man."

He quotes Cushny thus:

"Great caution must be used in applying the results obtained experimentally in therapeutics, the reason being not only that the dog is not a man, but that the effects on a healthy organism are not always produced in the presence of disease."

"The principle I would like to advance is that the student should be taught the physiological action of drugs, in all those cases in which their physiological action is known, not by half-baked, incompetent experiments by himself, and that his interest in the physiological action of drugs should be stimulated by showing him that the physiological action makes clear and intelligent the practical use of remedies. *If any hours* can be found in the medical curriculum for laboratory work in pharmacology, those hours should be taken for bedside therapeutics. . . . The student who has a smattering of pharmacology, such as he can get in the laboratory, is nothing more than a poor mechanician, who soon finds that the knowledge of the effects of a poisonous drug on a frog is of no service when it comes to the effects of a therapeutic dose upon a man. . . . Experience shows that the laboratory pharmacologist, when he is taken ill, turns his back upon his theories, and incontinently and voraciously swallows such expectorants or purgatives, or other medicines, as the lowly general practitioner may see fit to prescribe, because illness convinces him of the value of bedside experience, and his confidence is well placed, for *he gets well*. . . .

"It were better if some of the pharmacologists of the day would strive to be upbuilders rather than iconoclasts, since by this means they would more successfully advance scientific medicine, and what they had to say would be listened to with greater respect. The average man wants to be shown how he can improve, not how mistaken he is. . . .

"Even if the time should arrive when all our therapeutic measures have a pharmacological foundation, and every student has a clear conception of the scientific status of drugs, the man of bedside experience will still possess a priceless advantage which will make him of infinite value to all his clients, because he will have come to recognize that disease does not follow hard and fast lines of science, but varies in its manifestations as to the effect of drugs, according to the systematic peculiarities of the individual who may be ill."

We have quoted at greater length than we intended to, but it is so seldom that so much hard common sense is to be found in a journal article, we could not resist. Attention has been repeatedly called in these pages to the fact that artificial conditions produced in monkeys and guinea-pigs are not similar to those found by the clinician, or, as Hare puts it, "The needs of man, it is seen, are different from the needs of the guinea-pig."

Let us internists take renewed courage, as we are in good company, and if we only persist in our studies in an honorable, straightforward manner we will yet come into our inheritance in spite of any calumny or innuendoes cast upon us. Remember our code. M.

AMERICAN VS. FOREIGN SCHOOLS.

Readers of the *Journal of the American Medical Association*, and of the reports of the Council of Medical Education of this same Association and the reports of the Carnegie Foundation, are led to believe that European educational matters are above criticism, that quacks, charlatans and diploma mills are found only in America; that American educational institutions are crude, incomplete and unworthy. With these views we can never coincide. European educational institutions are the product of hundreds of years of growth, practically of antiquity. American institutions are the product of a new civilization, new ideals of citizenship and of modern ideas.

We are not of those that believe that no good can be found in America, and have always claimed that human nature is much the same whether found in Europe or America. We have had this impressed upon our minds by the recent disclosures of the ease with which the charlatan and the quack flourishes in England, and as regards Germany, we reproduce from the *Journal of the American Medical Association*, of April 8, 1911, "A German View of American Medical Schools," and "Discussions of the Reichstag Committee on the Antiquackery Bill."

"A German View of American Medical Schools.

"In a recent number of the *Wiener klinische Wochenschrift*, a German-American, writing from this country, discusses medical education, especially the low-grade medical schools, and other medical conditions in this country. The *Wochenscrift* says, in an editorial note on this article:

" 'All who know anything about conditions in America are full of admiration for the almost model achievements and progress in all lines in that country. It is almost universally conceded that the humanitarian, and especially the scientific institutions of America, almost exclusively the creation of private initiative, in the scale in which they are conceived and the perfection of their equipment, cast all that Europe has to offer in this line so much in the shade that the scientists best acquainted with the facts have not hesitated to express their concern that Europe in time will be unable to compete with them, owing to the wise liberality with which scientific research is fostered over there. All this makes it the more interesting to learn that, side by side with conditions almost unsurpassed in their excellence, abuses flourish under the protection of individual liberty—abuses so dire that it seems actually impossible to conceive of their existence, especially in connection with medical education. In the fact, however, that the Americans themselves have had the courage and the sincerity to lay bare these abuses lies the best evidence of their moral energy, and this offers at the same time the most certain guarantee of a speedy and radical reform.'

"While this hearty recognition is encouraging, such a criticism of our educational conditions is and should be mortifying to our national pride. The reasons for the present wide-spread publicity and systematic exaggeration of such abuses as do exist in the profession in America are probably not entirely understood in Germany, yet the *Wochenschrift* is unquestionably right in stating that these abuses 'flourish under the protection of individual liberty,' and that some of the most flagrant of these abuses are 'in connection with medical education.' As a people we have not learned that the rights of one man end where the rights of another man begin, and that no individual has a right, even in the sacred name of liberty, to do that

which is harmful to the community. The diploma mill and the commercial medical school are unknown in Europe. The ignorant but mercenary physician is justly regarded there as a grave social danger. In these directions we have much to learn from Germany. Only by the establishment and maintenance of high standards of medical education can we hope to retain the respect of other nations and to effect those 'speedy and radical reforms' which conditions demand."

"Reichstag Committee on the Anti-Quackery Bill.

"The further proceedings of the committee on the third section of this bill, namely the forbidding of treatment by mystical processes, have increased the number of remarkable statements on the part of the conservatives and members of the center group on the value of the mystic methods of treatment. One conservative declared, on the ground of thirty years' experience, that the so-called incantations (*Besprechen*) are of value for human beings as well as for animals. There occurred in connection with it a reflex action on the nervous system of the person who used the treatment. He had himself seen cases in which men who used incantations on animals were themselves made to vomit. In his view there was a secret relation between the conjurer and the conjured, and there were secrets in nature which science so far is unable to explain. A member of the center group emphasized that the limits between faith and superstition were so difficult to draw that it is dangerous to attempt to define them. Naturally these grotesque views are held up to ridicule in the papers, and this has had the favorable effect that the representatives of the conservatives and of the central party are more reserved in their expressions. It is to be hoped that the passage of the law against quackery will be promoted thereby."—*Journal A. M. A.*, April 8, 1911.

How do they harmonize? Contrast these with a German's view of American doctors, another editorial clipped from the *Pacific Medical Journal,* and compare with your own knowledge of America and American methods. I am afraid our reformers are astigmatic, possibly myopic.

"Lorenz Defends American Doctors.

"'I cannot speak too highly of the American doctor, who, after severe struggles, has obtained a practice, has married in the meantime, is perhaps the father of a child or two, and, when he has saved enough, gives up his practice, his home and the safety of his future to go to Europe in search of knowledge or with a view to becoming a specialist. I have seen them bring their wives and children along and take up the battle of life with them.

'I will not discuss the question of American schools of medicine with Professor Klein. I have seen innumerable institutions in America, medical ones among them, by the side of which we have nothing to show. And where the technical sciences are applied to medicine we have much to learn from America already, and will have more to learn in the future.

'With regard to my own orthopedic specialty, I cannot speak without envy of the hospitals in which my American colleagues and disciples are at work, amid all the perfections which science can demand. In Vienna the orthopedic school of the University, which is expected to help thousands of unfortunate children from the whole empire, and to teach hundreds of doctors from all parts of the world, occupies one room only, and that formerly a back kitchen of the general hospital.

'I do not think that 'far down South' or in the 'far wild West' there is a medical school bad enough to compete with it.'"

The educational systems are so widely divergent, it is practically impossible to draw any comparison. The critics of our institutions do not tell us how others view us, so we insert the criticisms of a German educator clipped from the Cincinnati *Commercial Tribune:*

"German Educators Copy American School System.

"German educators gradually are copying American school systems, according to Dr. Max Walter, director of the Musterschule, Frankfort A. M., who lectured last night at the University Auditorium on 'The School Reform in Germany.' The lecture was attended by a large number of people, many of them students of the University.

"During the course of his lecture Dr. Walter said that many young men under the old system did not have the chance to acquire an education in science and mathematics, but now, if they have the mental capacity and the determination to learn, they can work their way through the best schools in Germany.

"There is a better understanding between the teacher and the pupil than existed under the old system, and the masters take an interest not only in the studies of the pupil, but in their pleasures and athletics, a system that has long existed in America, but is comparatively new in Germany.

"Dr. Walter also said that the co-operation of the teacher and the parent, while a feature of the schools here, is new to the schools of his country."

The report of the Commissioner of Education for 1910 contains much valuable and instructive reading. I quote a little from it, as our friends belittle on every occasion American educational institutions. When comparisons are made, social conditions and customs should be compared also. On page 380 he says:

"While in many respects the Latin-American countries have marked individuality, they show in regard to education many common characteristics. Primary education is not widely diffused in any one of the States, as would be inferred from both the official statistics of primary education and the high ratios of illiteracy."

Of France he says:

"The secondary schools, it must be remembered, are not free schools, and this fact has determined their social distinction. The gradual approach of the primary and secondary systems is therefore significant for social as well as for educational reasons. . . . The system of primary education in France is a subject of special interest because of its highly centralized control and its political uses. . . . The unrest which has pervaded Latin Europe in the past few years has taken the form of anticlericalism, and has found expression in a decided opposition to the predominating influence of the clergy in school matters. The school has long been the center of the struggle between church and State in France, and lately has become so in Spain.

"Everywhere, from the sea to the Alps, there is a noticeable unrest, which results in throwing overboard all antiquated methods, tottering institutions and unnatural limitations.

"The Association for School Reform wishes to avoid bureaucratic regulations, and intends to appeal to school and family alike, in order to establish a closer connection between the educative work of school and home and modern cultural life, that is, with the civilization of our time.

"In 1904 the board (England) wholly recast their regulations for sec-

ondary schools, endeavored to discourage early specialization by insisting on a sound general education up to the age of sixteen at least, and required that the curriculum should provide graded and continuous instruction in such subjects as are necessary for a well-balanced education."

I have quoted at too great length now. It could be continued indefinitely, and all serve to show that a comparison between American institutions of learning and those of Europe is unfair, unless it be considered from all points of view. No country, not excepting England or Germany, possesses the free graded secondary or high school as does America.

M.

MEDICINE AN OPEN FIELD TO ALL BUT THE GRADUATE PHYSICIAN.

"The practice of medicine is one of the glorious privileges of about every adult inhabitant of the United States. That a few do not avail themselves of the privilege openly is no sign that they are not doing it on the sly, *i. e.*, among their friends and relatives.

"Be it ever so humble, there is no place where some kind of medical advice cannot be obtained—and often the family medicine chest is thrown wide open.

"The illustrious John Wesley, although not a physician, could not resist the temptation to dabble in medicine, writing a book which passed through numerous editions, although probably never regarded as being an inspired book, like the "Science of Health" of Mrs. Mary Baker G. Eddy. Shakespeare's writings also show the hankering he had to illuminate the pathway of medical science by his numerous aphorisms.

"The usual attitude of the retail druggist toward those who prescribe for themselves, their families and their friends' families is bland and urbane. But that a physician should dare to dispense his own medicine this urbane friend of the public regards with profound disapproval. Hence the activity displayed in certain quarters to restrict and embarras those who prescribe in any way outside the province of the retail pharmacist.

"Certain drugs may be utilized so as to become an abuse in the hands of the unscrupulous. The physician who might save his patient a dollar by dispensing a dime's worth of medicine is from the certain druggist's standpoint, of course, an unscrupulous person.

"The steady increase in the restrictions placed upon the medical man who has been so altruistic as to devote the many years now necessary to secure a diploma from a first-class medical college, is a development which should be regarded as an evidence that those who will be the gainers thereby are organized to accomplish that which will benefit themselves and restrict more and more the field of the legitimate physician."

The above is only too true, and the writer has not said all, either. No one is harmed by our medical laws save only the physician who desires to be a law-abiding citizen. Notwithstanding the increased demands made upon the student and physician, the quack flourishes as of yore, and there seems no way to reach him. His blatant newspaper advertisement appears on the same page and in the next column to a notice of a physicians' meeting.

Returning from Springfield, Ill., my attention was called to this heading: "Clergymen are to Judge New Tonic; New Medicine to be Tested by Chi-

cago Ministers and Results Made Public." Recently we were brought face to face with Viavi, and shown the testimonial of C. S. Carr, editor of the *Columbus Medical Journal,* carried about by the agents of this so-called "woman's friend."

Another experience more heartrending, and which hastened the death of a young friend, was with a Chicago "Healthatorium," one of the most damnable affairs with which I have come in contact. A patient already reduced from inanition due to a serious intestinal lesion, was placed upon a starvation diet, without adequate medical attention or nursing, and robbed not only financially but physically as well. Another instance of blatant quackery which our laws do not seem to reach has just been brought to my notice. This fellow, not even pretending to be a physician, examines the right foot, diagnoses and prescribes for your case. Does he flourish? I should think so. From sixty to seventy patients daily. You say ignorance. I say so too, but he numbers among his patrons the *élite* of society for miles about—bankers, clergymen, lawyers, farmers, college graduates and unlearned. My personal experience teaches me that the educated are among the first to grasp at the mysterious. Our learned college professors and academicians are usually among the most ardent supporters of the various "cults" and so-called "health sciences." The query arises, why not waste some of our surplus energies endeavoring to stop these things, and let legitimate medicine rest awhile? Our sons must be in school from sixteen to twenty years, subjected to examination by those who frequently obtain their position by reason of political pull rather than fitness, before being allowed to practice, and yet the most blatant and barefaced quackery is perfectly safe from prosecution. Why the discrimination? M.

Since writing the above, I notice in the *Toledo Blade* that a new system is being introduced, "Teleconi." The issue of July 6 contains nearly half a page advertising the method, fully illustrated, also. This is the city that furnishes one of the most ardent sticklers for reform in medicine and high standards. It also furnishes more quacks to the square inch than any other city in the State. And now the agents of Viavi engage our churches, give lectures on physical culture, form clubs and sell Viavi. The law has no dread save only to the registered physician. M.

CORPORATE GREED.

Whilst reading the daily paper on our national birthday I was attracted by this editorial in the *Commercial Tribune:*

"On this 135th anniversary of the birth of our nation every American should take an inventory to discover whether we are worthy of the stupendous sacrifices and the marvelous deeds of valor performed by our forefathers, when hope hovered on the brink of despair and unconquerable courage stood alone between the infant government and destruction.

"Are men who permit themselves and their children to be exploited at the chariot-wheels of monopoly worthy of the forbears who saw through the specious promises of the British rulers?

"Are voters who find it too much trouble to exercise their right of suffrage in behalf of honest and decent government worthy of Nathan Hale, who mourned that he had but one life to sacrifice in behalf of his countrymen?

"Americans owe deference to the past as well as duty to the future. Those who fail to have a part in spreading the doctrine of universal liberty and equality are unworthy of the heroes who left homes of ease and wealth to face death and dishonor 135 years ago in behalf of those who more acutely felt the oppression of the tyrant."

The thought that impressed itself most on my mind was: Is the writer sincere, or is he writing for the galleries It is a fact that monopolies are exploiting not only our children but the sires as well. The people are not jealous enough of their privileges to safeguard them. As a consequence everything of value is monopolized. Even in the villages and hamlets corporate greed monopolizes every franchise worth while, aborts the people's interests and they gain nothing in return, and the people seem helpless.

Those elected to safeguard their interests are moulded like putty when confronted by the moneyed interests or monopolies of the land. It has been openly charged in the pages of this journal that the large corporations are not only reaching to monopolize the business interests of our country, but are aiming by means of the large assets to control the educational interests as well. In order to obtain any benefits of the Carnegie Foundation, educational institutions must conform to certain rules and provisions laid down by the trustees of the fund. These not only modify their board of trustees, but change the curriculum as well, and in so doing old landmarks are forsaken and, we fear, the intentions of the founders and early benefactors of the institutions ignored. No institution, no matter what its character, is exempt, and now our medical schools are inspected, criticized and regulated by one entirely devoid of a medical training, and whose only claim of sufficient ability for such a task is that he is an employee, and thus a paid beneficiary, of this self-appointed arbiter of all things educational in this country.

Vested rights, ability, integrity have no weight. The *sine qua non* is only large endowments, piles of brick or stone; in other words, money is the only and sole consideration. It is a sad commentary, indeed, when we note the indecent haste with which many of our educators seek to comply with these requirements, though in so doing they absolutely sell their "birthright" and receive in return actually "a mess of pottage." It is an actual Esau and Jacob episode in modern life.

It is certainly time for our American institutions to wake up to a realization of the conditions confronting them. There are many who give of their abundance with no strings attached. There are many who give without ostentation. But when giving is accompanied with provisos that stipulate what shall and what shall not be taught the youth of our land, the giving becomes inimical to society. The appended editorial from the Cincinnati *Lancet-Clinic* tersely expresses the matter:

"That the fund of fifteen million dollars in bonds of the United States Steel Corporation, providing retaining allowances and old-age pensions for teachers in certain favored institutions of learning, will enlist the interest

of influential persons in the stability of Carnegie's investment, was the charge openly made by the president of Loyola University, Baltimore, at the session this week at Chicago of the National Catholic Educational Association. He went further and stated that these would scarcely look impartially on legislative inquiries tending to imperil the value o ftheir securities. He merely expressed openly what many have felt to be the truth. The Carnegie Foundation has been made an instrument for imposing the will of monopolists and conservatists, using the latter term in its reprehensible sense, upon many educators and presidents of universities. By threats to withdraw its support, trustees of universities have permitted the retention of professors known to be unqualified, and a system of espionage has been introduced as subtle in its methods as those employed in the worst periods of reaction during the decades following 1815. A hint that a certain professor was a trifle too progressive has ensured his instant dismissal. What the future will disclose the lovers of free speech and an untrammeled system of education fear to even express in words. It is a pleasure to note that one man has given public utterance to what many have not felt quite able to express. The danger of domination of educational institutions as great as the one grasping our industrial ones is too important to ignore."

EX-PRESIDENTS AND ANNUAL MEETINGS.

At our National meeting in Louisville we overheard two or three of our veterans discussing as to who was the oldest man in the Association, and when and where each served. As a matter of history we append the following list, which has been gleaned from the Transactions. We hope it is correct.

PRESIDENTS.

Name.	When Joined.	Where and when Presided.	
J. W. Johnson	1870	Chicago	1870
J. W. Johnson	1870	New York City	1871
J. R. Duncan	1870	Indianapolis	1872
C. E. Miles	1870	Columbus	1873
C. E. Miles	1870	Boston	1874
W. M. Ingalls	1870	Springfield, Ill.	1875
Benjamin J. Stow	1870	Washington, D. C.	1876
Oliver H. P. Shoemaker	1879	Pittsburg	1877
Stephen B. Munn	1870	Detroit	1878
John King	1872	Cleveland	1879
Milbrey Green	1874	Chicago	1880
Anson L. Clark	1870	St. Louis, Mo.	1881
Wm. S. Latta	1872	New Haven, Conn.	1882
A. J. Howe	1872	Topeka, Kan.	1883
Henry J. Stratford	1870	Cincinnati, O.	1884
Edwin M. Younkin	1878	Altoona, Pa.	1885
Henry B. Piper	1878	Atlanta, Ga.	1886
Lorenzo E. Russell	1879	Waukesha, Wis.	1887
Wm. M. Durham	1882	Detroit, Mich.	1888
Milton Jay	1870	Nashville, Tenn.	1889
W. T. Gemmill	1879	Niagara Falls	1890
George Covert	1876	Hot Springs, Ark.	1891
Wm. F. Curryer	1879	St. Louis, Mo.	1892

Name.	When Joined.	Where and when Presided.
Benjamin L. Yeagley	1878	Chicago 1893
Benjamin L. Yeagley	1878	Niagara Falls 1894
Vincent A. Baker	1870	Waukesha, Wis. 1895
Wm. E. Bloyer	1887	Portland, Ore. 1896
D. Maclean	1891	Lake Minnetonka 1897
E. J. Farnum	1889	Omaha, Neb. 1898
David Williams	1895	Detroit, Mich. 1899
Geo. W. Boskowitz	1882	Atlantic City, N. J. 1900
E. L. Standlee	1901	Chattanooga, Tenn. 1901
Geo. W. Johnson	1891	Milwaukee, Wis. 1902
J. D. McCann	1892	Indianapolis, Ind. 1903
R. L. Thomas	1893	St. Louis, Mo. 1904
W. E. Kinnett	1887	Saratoga Springs, N. Y. 1905
J. P. Harvill	1901	Put-in-Bay, O. 1906
E. H. Stevenson	1886	Los Angeles, Cal. 1907
L. A. Perce	1904	Kansas City, Mo. 1908
J. K. Scudder	1888	Chicago, Ill. 1909
Geo. W. Thompson	1899	Boston, Mass. 1910
J. A. Munk	1907	Louisville, Ky. 1911
A. F. Stephens	1901	Washington, D. C. 1912

M.

Arkansas.

The Governor has appointed the following members of the Eclectic State Medical Board: Drs. Roscoe M. Jernigan, Fitzhugh; Samuel W. Moreland, Jonesboro; E. L. Sullivan, Poughkeepsie; M. C. Nxon, Smithville; Lycurgus Gardner, Atkins; Jonathan Darrough, Paris; J. O. Hinton, Hot Springs; W. Carl Dallingbaugh, Pine Bluff; James L. Vail and S. G. Boyne, Little Rock.

California.

G. W. Harvey has removed to Big Pine.

The fifteenth annual meeting of the Southern California Eclectic Medical Association was held in Los Angeles, May 8, 1911. Officers were elected as follows: H. V. Brown, president; Oran Newton, vice-president; W. J. Lawrence, secretary.

The thirty-eighth annual meeting of the Eclectic Medical Society of the State of California was held at Hotel Stewart, San Francisco, May 23-25. There was both an increased attendance and increased interest that promises good for the Eclectics of the Coast. The officers elected are: President, H. Vandre; First vice-president Hanna Scott Turner; second vice-president, J. G. Tomkins; recording secretary, H. Ford Scudder; corresponding secretary, Ira Wheeler; treasurer, J. A. Munk. Next meeting, San Francisco, June, 1912.

Drs. B. R. Hubbard and W. J. Lawrence have moved into the Ferguson Building, corner Third and Hill streets, Los Angeles.

The thirty-second annual commencement of the California Eclectic Medical College was held in the College Assembly Hall, Thursday evening, May 18, at 8 o'clock. The address was delivered by Judge H. A. Pierce; subject,

"Fads, Fancies, Freaks and Fools." The charge to the graduating class was by Q. A. R. Holton, M.D., and the degrees were conferred by O. C. Welbourn, A.M., M.D.

Connecticut.

The fifty-sixth annual meeting of the Connecticut Eclectic Medical Association was held at the Allyn House, Hartford, Tuesday, May 9. Officers elected for the year 1911-12 are as follows: President, James E. Hair, Bridgeport; vice-president, L. D. Fuller, Hartford; treasurer, Thomas Mulligan, New Britain; secretary, T. S. Hodge, Torrington. Next place of meeting, Bridgeport, Tuesday, October 10, 1911.

Georgia.

The Georgia Eclectic Association met in Atlanta April 12 and 13. A good, active meeting is reported. The attendance was good, better than usual, as was the interest. The Censorial Committee reported a number of names for action. Suitable resolutions relative to the death of Dr. Doss were adopted. The newly elected officers are: President, J. H. Powell, Atlanta; first vice-president, J. V. M. Cain, Atlanta; second vice-president, L. S. Young, Moreland; secretary, G. W. D. Patterson, 415 Greenwood Ave., Atlanta; treasurer, J. R. Smith, Atlanta.

Our friend, Dr. W. W. Durham, of Atlanta, was a member of the committee of arrangements which recently gave a surprise feast to Judge R. B. Russell, of the State Court of Appeals.

Illinois.

The forty-third annual session of the Illinois State Eclectic Medical Society was held in Springfield, May 17, 18 and 19. For some reason the attendance is never so large when held outside of Chicago, but the enthusiasm and peace and harmony made up for any lack of numbers. Resolutions were passed protesting against the objectionable features of the Owen, Mann and Cullom bills,, and against the legislative movement appropriating $100,000 to enable the Illinois University to lease the Chicago P. and S. College. The amendment to the constitution, providing for complete affiliation with the National, to take effect at once, was passed without a single dissenting vote. Among the visitors were Drs. Wilmeth, Lincoln, Neb., Helbing of St. Louis, Russell and Scudder of Cincinnati, Best of Indianapolis, and Mundy of Forest, O.

The next annual meeting will be held in Peoria, the first Wednesday in May, 1912. The new officers are: President, Walter R. Schussler, Orland; first vice-president, Mareva D. Brown, DeKalb; second vice-president, Thomas Owens, Hinckley; secretary, Wm. E. Kinnett, Peoria; treasurer, John B. Matthews, Blue Mound; corresponding secretary, Charles H. Hulick, Mt. Sterling.

Governor Deneen has signed the bill providing for an appropriation of over $3,500,000 for the immediate support of the University of Illinois, and for a mill tax each year for the future. Another item in the bill pro-

vides $60,000 per year for two years for the College of Physicians and Surgeons of Chicago, which will hereafter be known as the College of Medicine of the University of Illinois.

Our friends in Chicago seem to be reaping a very full share of the crop of prosperity that has recently come to homeopathy in this country. Notice has already been given of the donation of $75,000 for a nurses' home for the Hahnemann Hospital, and of an additional $30,000 for general hospital purposes. Mrs. Anna W. Phelps has recently presented to the hospital a site for a new building as a memorial to her late husband, E. M. Phelps. The property extends from Prairie to Forest Avenue, and is estimated to be valued at about $65,000. We are also told that the hospital and college have now at their command over $500,000, with hopes of still more. With this they will build the new college and hospital and still have a considerable amount for endowment purposes.

(We wish Eclectics were as loyal.—Ed.)

Indiana.

The forty-sixth annual session of the Indiana Eclectic Medical Association was held in Shelbyville, May 16 and 17. A large attendance and a good program was rendered. Drs. Russell, Spencer, Shewman, Watkins and Scudder were present from Cincinnati. The new officers are: President, T. S. Turner, Lebanon; first vice-president, W. F. Smith, Huntington; second vice-president, J. H. Hauck, Terre Haute; secretary, J. D. McCann, Monticello; treasurer, H. E. Vitou, South Bend. Next meeting in Indianapolis, in May, 1912. Dr. Vitou, of South Bend, was recommended to Governor Marshall for appointment on the State Board of Health. The constitution was amended unanimously, providing for complete and immediate affiliation with the National.

Dr. T. D. Smith has removed from Bremen to South Bend. His practice is limited to ophthalmology and otology.

Iowa.

Dr. Albert C. Moerke, Burlington, president of the State Board of Health, has resigned, giving as his reason the failure of the recent legislature to provide a sufficient appropriation for carrying on the work of the board.

Iowa reports a most harmonious and interesting State meeting, one of the best in years.

Kansas.

The Kansas State Society reports there were some features noticeable in their meetings which heretofore were not prominent: Good attendance. the number of young and active men who have not before attended the State meeting, the regular attendance upon each and every session; the program was covered, and each topic thereon was discussed, even if there was no paper read upon it. Harmony prevailed, and no bickering and complaining or presentation of grievances, as we had none, nor do we intend

to have. All agreed that they got much good from the meeting. There were as many present at the joint meeting as were in attendance at any session of the National when it convened at Kansas City, and between seventy-five and one hundred partook of the joint banquet. Surely it was good for all of us to be there.

Kentucky.

The Kentucky State Eclectic Medical Association held its annual meeting in Louisville prior to the meeting of the National. The officers elected for 1911-12 were as follows: President, L. F. Robbins, Salt Lick; vice-president, Wm. Meadows, Fullerton; secretary, Lee Strouse, Covington; treasurer, C. J. Mitchell, Louisville.

Massachusetts.

The fifty-first annual meeting of the Massachusetts Eclectic Medical Society was held in Boston, June 1 and 2, 1911. Papers were read and discussed, and resolutions upon the deaths of Drs. C. Edwin Miles and Milbrey Green were adopted. The acceptance of a scholarship from the Eclectic Medical College of the City of New York and the election of officers constituted the business. The officers for 1911-12 are as follows: President, Sylvina A. Abbott, Taunton; vice-president, Wm. C. Clarke, Boston; corresponding secretary, Fred. G. Phillimore, Boston; recording secretary, Pitts Edwin Howes, Boston; treasurer, Nathan L. Allen, Boston.

S. B. Pratt has removed to 415 Shawmut Ave., Boston.

Michigan.

The thirty-fifth annual meeting of the Michigan State Eclectic Medical and Surgical Society was held June 7 and 8 at Detroit. While an off year in point of attendance and papers presented, the society transacted two very important items of business—it unanimously voted to affiliate with the National Eclectic Medical Association and it also unanimously adopted a resolution condemning the Owen bill. John K. Scudder and Wm. N. Mundy, of Cincinnati, and Arthur W. Smith, of Chicago, were received into honorary membership. All the officers of the society were unanimously re-elected—President, C. H. Murphy, Lansing; first vice-president, H. A. Schafor, Detroit; second vice-president, A. L. Robinson, Allegan; third vice-president, F. B. Crowell, Lawrence; secretary, J. E. G. Waddington, Detroit; treasurer, H. G. Palmer, Detroit. The next place of meeting will be in Lansing, June 5 and 6.

Missouri.

The Eclectic Medical Society of Missouri held the most successful meeting for years, May 23-25, in Kansas City, Mo. Enthusiasm was at its best, as was also harmony. On the evening of May 24, a conjoint banquet was enjoyed by the Missouri and Kansas societies, holding its meeting in Kansas City, Kan. The affair was most enjoyable. The officers for 1911-12

are: President, H. H. Helbing, St. Louis; secretary, Emmett F. Cook, St. Joseph.

Clyde W. Hamlin, has removed from Bass to Philadelphia.

Nebraska.

The Nebraska Society held a successful meeting. Opposition to the granting of $100,000 to the medical department of the State University developed by reason of its alleged illegality, the statutes providing that the building must be within five miles of its present location. The proposed department is to be located at Omaha. The Cottner University is to take charge of the Lincoln College in the future, the medical department to be supported by the State Society, the latter to elect three members as an advisory board. The State Society undertakes to raise an endowment fund of $100,000 for the medical department. The Nebraska *Medical Outlook,* the official organ of the State Society, has been referred to heretofore. The officers-elect are: President, C. W. Jester, Bethany; first vice-president, H. C. Smith, Franklin; second vice-president, J. N. Campbell, Stanford; secretary, S. J. Stewart, Kenesaw; treasurer, J. D. Latta, Clay Center. Next meeting, Hastings, May, 1912.

The Nebraska legislature has passed a bill, which has been signed by the Governor, appropriating $100,000 with which to begin the development of the campus of the College of Medicine of the State University in Omaha. This is the first step toward the development of a complete medical college plant.

Dr. W. Clay Jones has located at Lincoln.

New Jersey.

The State Eclectic Medical Society held its thirty-seventh annual meeting in Masonic Hall, Newark, May 24. Papers were read, business transacted and the following officers elected: President, G. C. Young, Washington; secretary, G. E. Potter, Newark. The semi-annual meeting will be held in October. Dean S. A. Hardy, of the Eclectic Medical College of the City of New York, presented the society with a scholarship to the college.

May 4 Woodrow Wilson, the Governor of New Jersey, signed the so-called sterilization bill, providing for the asexualization of criminals and defectives. A board of examiners is to be appointed to carry out the law. Similar laws are in force in Indiana and Connecticut.

New York.

Dr. Lee H. Smith, of Buffalo, examiner in pathology of the New York State Board of Medical Examiners, attended the twenty-first annual meeting of the National Confederation of State Medical Examining and Licensing Boards, held at Chicago February 28, 1911, as a delegate from the board. He responded to the address of welcome on behalf of the Illinois State Board of Health and of the Illinois State Medical Society, in place of Dr. William Warren Potter, who was unable to be present. He also opened the

discussion on the symposium on State control of medical colleges, the opening paper of which was by Charles William Dabney, president of the University of Cincinnati, his subject being, "Could the State Control and Conduct Medical Colleges More Efficiently than Corporations and Private Individuals?"

W. E. MacLaughlan has removed his office to 67 Seventh Ave.

Charles R. Bard has removed to 37 E. 28th street.

In twenty years but one student of the Eclectic Medical College of New York City has failed to qualify as a practitioner.

Dr. Lee H. Smith, Buffalo, is chairman of the Question Committee of the State Board of Medical Examiners. In keeping with the action of the Board at its last annual meeting, it was resolved that on and after January 1, 1912, examination groups in each topic shall consist of twelve questions (instead of fifteen as heretofore), the first six of which must be answered by the candidate, and from the remaining six the candidate is to answer four questions of his own choosing.

George Allen Rowe, M.D., has removed to 110 North Pearl St., Buffalo.

Geo. W. Boskowitz has removed to 242 W. 173rd St., New York City.

Ohio.

The graduating exercises of the Seton Hospital Training School for Nurses took place at the college auditorium on the afternoon of April 27. The spacious hall was tastefully decorated and the music unusually appropriate and well rendered. The following was the program: Chorus, Ave Maria, Rosewig; "The Trained Nurse," Dr. R. L. Thomas; Lustspiel, Kelar Bela; soprano solo, selected, Mrs. R. Heflebower; "The Christian Nurse," Rev. Schnuck; Valse Caprice, Newland; "The Duties of a Nurse," Dr. Heflebower; Morceau Fantastique, Wieniawski; Chorus, Joys of Spring, Geibel; address to graduates, Dr. L. E. Russell; distribution of diplomas, Dr. J. K. Scudder. The following graduates received diplomas: Clara Schultheis, Pearl Elswick, Margaret Herbert, Mary Gage, Elizabeth Armstead.

Dr. W. Clay Jones has removed to Lincoln, Neb.

J. D. Dodge has removed from Collinwood to Lockport, Ill. He has discontinued the practice of medicine.

Dr. Harry T. Davidson, of Camden Point, Mo., has been appointed resident interne at the Seton Hospital.

On competitive examination, Drs. Paul A. Murr and Terrell A. Fuller, graduates of the 1911 class, Eclectic Medical College, have been appointed the two resident internes at the Bethesda Hospital.

J. P. McHenry, of Hamilton, has been chosen as county physician.

At the annual meeting of the State Board of Health, Dr. Frank Warner, Columbus, was elected president; Dr. Oscar Hasencamp, Toledo, first vice-president; Dr. Frank Boudreau, Cleveland, epidemiologist, and Dr. Charles O. Probst, Columbus, was re-elected secretary and treasurer.

Just to remind Ohio physicians again, the State Board of Health has voted to place trachoma in the list of diseases which physicians are required to report to health officers, and each local board of health should at once notify physicians practicing within its jurisdiction that such report must be made.

The Eclectic medical profession, although numerically quite strong in Cincinnati, has no representation on the staff of the city hospital, and, they say, being tax-payers, they are contributing their pro rata to the building of the new institution in Avondale. They will seek representation on the staff of the General Hospital. Many persons believe they are justified in their demands.

A State-wide campaign against "medical institutes" will be inaugurated by the Ohio State Medical Board, as a result of the raid made last week on the European Medical Institute, Cleveland. The board is sending communications to every prosecuting attorney in Ohio. In the counties in which it is known such establishments exist the prosecutors are instructed to begin action at once.

The names of those who passed the examination held by the Ohio State Medical Board, at the Ohio State University last week, will be made known at the annual meeting of the board July 5. There were 162 applicants for certificates as physicians, fourteen for certificates as osteopaths. Members of medical boards from other States and instructors from different colleges in Ohio were present to observe the examination methods of the board.

The Ohio State Eclectic Medical Association held its annual meeting at Cedar Point, July 18-20. The attendance was not as good as usual, though fair. The interest was good. Dr. J. J. Sutter, of Bluffton, was elected president. The secretaries were re-elected. The following self-explanatory resolution was presented by Prof. John Uri Lloyd, and was unanimously adopted:

"To Hon. William H. Taft, President of the United States:

"The Ohio Eclectic Medical Association, now in session at Cedar Point, represents eight hundred Ohio physicians, and respectfully petitions your excellency for the retention of Dr. Harvey W. Wiley as chief chemist of the department of agriculture. His fearless and unbiased enforcement of the pure food and drug law has already swept out of existence a multitude of depraved, corrupted and adulterated drugs, foods and compounds, thus aiding physicians and pharmacists in caring for the people's health.

"Prof. H. H. Rusby, of New York, is a scientist above reproach, a botanist of international reputation and a world-wide authority on medical plants. His expert services in the New York Custom House should not be lost to the department of agriculture.

"We sincerely hope that these men will not be disturbed in their respective offices."

Resolutions endorsing the stand of Governor Harmon as regards the optometry bill were also unanimously passed.

Oklahoma.

Melvin Gray, of the State Board of Medical Examiners, is a graduate of the Eclectic Medical University, class 1900.

B. Watts is located at Okemah.

Chas. W. Richards is located at Newkirk.

Dr. F. A. Starbuck has removed from Roher to Fairview.

D. E. McCarthy is located at Lockridge.

H. F. Zinc is at Tulsa.

The State Board of Medical Examiners held its meeting for organization in Oklahoma City, April 12, and elected Dr. Francis B. Fite, Muskogee, president; Dr. R. Ellis Sawyer, Durnat, vice-president; Dr. John W. Duke, Guthrie, secretary, and Dr. F. A. Englehart, Oklahoma City, treasurer. Dr. Jesse L. Wharton, Duncan, has been appointed a member of the State board, vice Dr. D. C. F. Stillwell, Piedmont.

The Oklahoma State Eclectic Medical Association met in Oklahoma City, May 9, 10 and 11. There was a good attendance and a very profitable and interesting session was held. About twenty-five new members were added to the association. President Truax delivered a very able and interesting address, ringing true to Eclecticism and full of hope and optimism. A resolution was passed commending the action of Governor Cruce in placing two Eclectics on the board of examiners, and endorsing his views on the school and banking questions; also resolutions on the death of Dr. R. B. Easely; favoring a separate Eclectic board of medical examiners; demanding representation on the faculty of the State medical college; thanking the Chamber of Commerce, Oklahoma City, for the use of rooms and other courtesies, and expressing their appreciation of the services given the association by Dr. E. G. Sharp, who has served as secretary for ten years. The members presented Dr. Sharp a gold thermometer case, appropriately engraved, as a token of their esteem and in recognition of his long service as secretary. Dr. McCarty made a very neat presentation speech. The officers elect are: President, Dr. F. S. Peck, Oklahoma City; secretary, Dr. G. H. Stagner, Guthrie. Next meeting at Oklahoma City, 1912.

Pennsylvania.

The Gegrich bill, which provides for a single board to have charge of the examination and licensure of all medical practitioners, in place of the three boards representing the three State medical societies, has been approved by the Governor. By the terms of the act, the Governor will name before September 1, 1911, a board of seven to conduct the business under the name of the "Bureau of Medical Education and Licensure," to be attached to the Department of Public Instruction. This board is to consist of the Commissioner of Health and the Superintendent of Public Instruction *ex officio* and five others, one to represent each of the three societies and the other two to be named by the governor as he pleases, provided that they shall not be members of the same society. The act also

legislates out of office the State Medical Council, which has supervision over institutions conferring degrees, and gives its power to the new board. Provision is also made for complete regulation and reciprocity. The appointed members are to be paid $1,500 a year and to be of ten years' practice. The act is to be in full force by January 1, 1912.

The Pennsylvania State Society held its thirty-seventh annual meeting in the Y. M. C. A. building at Johnstown, May 24 and 25. Dr. L. E. Russell was the visitor. Dr. J. R. Borland, of Franklin, Pa., though eighty-one years of age, was in attendance. The next meeting will be at Harrisburg, May 23 and 24, 1912. President, W. O. Keffer, Frugality; secretary, M. V. Hazen, Titusville.

Governor Tener has signed the following additional laws affecting medical matters in Pennsylvania: A commission to study a plan for permanent segregation of the feeble-minded; the object is to prevent procreation of defectives. A vaccination commission; twenty-five hundred dollars of the people's funds will be wasted in this scheme of anti-vaccinationists to "learn" what is already public information. The personnel of this commission will decide the extent of harm possible by the schemers, and medical leaders should promptly interview the governor as to representation of the profession. The sum of $10,000 will be applied for registration of births and deaths. In a future legislature the Michigan law of paying every physician for this service (as is done the lawyers and others) should be enacted. A law now becomes effective by which only the State's Bureau of Medical Education and Licensure can license midwives, and this includes that infants' eyes, when diseased, can only be treated by licensed physicians. The object, of course, is to prevent unnecessary blindness, criminal abortions and puerperal diseases.

Tennessee.

The Tennessee State Eclectic Medical Society held its thirty-second annual meeting at Nashville, May 9 and 10. Prof. John Uri Lloyd, of Cincinnati, and Prof. Wm. Durham, of Atlanta, were guests of the association. Dr. W. H. Halbert was elected president of the society, and the other new officials are: First vice-president, A. L. Daniel; second vice-president, J. A. Thomas; recording secretary, B. L. Simmons; corresponding secretary, A. E. Fuston; treasurer, G. M. Hite. One of the biggest features of the session was the organization of an auxiliary society to be known as the Tennessee State Eclectic Medical Society Auxiliary. The purposes of the organization are literary and social. The officers elected were as follows: J. F. Shoffner, president; Mrs. J. P. Harvill, recording secretary; Miss Myrtle Holmes, corresponding secretary; Mrs. F. P. McKeel, treasurer. The sessions will be held annually at the same time of the meetings of the Eclectic Medical Society, and the Auxiliary Society will have a social and literary program. The auxiliary plan was proposed by Dr. B. K. Simmons. Next meeting, Nashville, May 21, 1912.

Texas.

The twenty-eighth annual meeting of the Texas Eclectic Medical Association was held at Waco, May 9 and 10. Dr. J. A. Munk, of California, the president of the National Association, was a visitor. The papers were good, new members were added and enthusiasm created. The officers for 1911-12 are: President, M. F. Bettencourt, Ft. Worth; first vice-president, M. A. Cooper, Leaky; second vice-president, C. L. Hudson, Mart; treasurer, Rosa B. Gates, Waco; secretary, H. H. Blankmyer, Aransas Pass. Next meeting at Waco, May 18 and 19, 1912.

D. C. Arndt is located at 1717 Richardson Street, Dallas.

Wisconsin.

Dr. H. C. Haney has removed from Milwaukee to Watertown.

The thirty-fourth annual meeting of the Wisconsin State Eclectic Medical Society was held at Kilbourne, June 6. The society adopted full affiliation with the National Society and unanimously amended the by-laws in accordance with the resolution. The officers elected are: President, Ira Fay Thompson, Reedsburg; first vice-president, W. H. Dodds, Briggsville; second vice-president, F. A. Kraft, Milwaukee; treasurer, C. E. Rodecker, Holcombe; recording secretary, F. C. Haney, Watertown; corresponding secretary, E. B. Quadem, Wausau; trustee, A. B. Bailey, Fennimore. Next place of meeting, Devil's Lake, June, 1912.

F. A. Kraft is health commissioner of Milwaukee.

The Wisconsin State Board of Medical Examiners concluded its annual meeting, July 12, with the election of the following officers: President, Dr. Milton A. Barndt, of Milwaukee; secretary-treasurer, Dr. John M. Beffel, of Milwaukee; auditing committee, Drs. William L. Thomson, of Milwaukee; C. W. Rodecker, of Wonewoc; F. G. Connell, of Oshkosh; committee on local medical schools, Drs. A. C. Bailey, of Fennimore; J. M. Beffel, of Milwaukee; G. H. Ripley, of Kenosha; committee on foreign colleges and departments, Drs. M. A. Barndt, of Milwaukee; H. W. Abraham, of Appleton; F. G. Connell, of Oshkosh; committee on midwives, Drs. Rodecker, Beffel and Ripley; committee on reciprocity, Drs. Bailey, Abraham, Ripley and Thompson. It was resolved that hereafter the board will require every applicant for license to remove all conditions relative to his preliminary education before entering upon his junior year's work in a medical school. Hereafter, it was decided, the board will give practical examinations in the subjects of pathology, bacteriology, histology, chemical urinalysis, practical anatomy and physical diagnosis. This determination makes a distinct advance in the progress in medical education in this State, and places Wisconsin in a foremost position in this respect.

Miscellaneous.

James Byron Van Horn, M. R. C., has been relieved from duty in the Philippine division and assigned to duty at the Army General Hospital at Fort Bayard, New Mexico. Dr. Van Horn graduated from the Eclectic Medical College in 1905.

OBITUARIES.

Bennett, J. W., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1910, at Atlanta, Ga., March 12, aged forty-six.

Blake, Selden La Fayette, California Eclectic Medical College, Los Angeles, 1880, at San Francisco, April 28, aged fifty-four.

Brucker, Charles Magnus, Eclectic Medical Institute, Cincinnati, 1882, at his home in Tell City, Ind., May 9, aged fifty-one.

Gray, John T., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1894, at his home in Griffin, Ga., June 27, aged sixty.

Latson, William Richard Cunningham, Eclectic Medical College of the City of New York, 1904, at his home in New York, May 11, aged forty.

Marshall, E. M., Eclectic Medical College, Cincinnati, 1907, near his home at Albion, Pa., June 25. His automobile being struck by a freight train, the doctor was instantly killed.

Miller, James Lewis, Eclectic Medical Institute, Cincinnati, 1894, at his home in Pendleton, Ore., September 27, 1910.

Myers, Jacob W., Bennett Medical College, Chicago, 1881, at his home in Goshen, Ind., May 6, aged seventy.

Shuey, Auston, Eclectic Medical College, Cincinnati, 1890, at his home in Prospect, O., July 1.

Stephens, William L., Eclectic Medical Institute, Cincinnati, 1901, at his home in Idaho, April 1, aged fifty-two.

Thompson, David W., Eclectic Medical University, Kansas City, Kan., at Seattle, Wash., January 12, aged fifty-three.

Timmons, Hamil Cato, Georgia College of Eclectic Medicine and Surgery, Atlanta, 1882, at his home, April 15.

Webb, Joseph L., Eclectic Medical Institute, Cincinnati, 1871, at his home in Beatrice, Neb., May, 1911.

Whitford, Daniel H., Bennett Medical College, Chicago, 1878, at his home in Elgin, Ill., May 17, aged fifty-eight.

Yarnell, William H., Eclectic Medical Institute, Cincinnati, 1865, at his home in Detroit, May 6, aged sixty-eight.

The necrologist begs leave to report that during the past year the following members have died:

Name.	Address.
Brower, J. J.	Coshocton, O.
Carter, Edwin H.	Des Moines, Ia.
Coe, Geo. D.	San Francisco, Cal.
Cook, F. S.	Toledo, O.
Cook, L. E.	Forest, O.
Doss, Geo. A.	Atlanta, Ga.
Green, Milbrey	Boston, Mass.
Hennel, M. H.	Asheville, N. C.
Miles, C. Edwin	Boston, Mass.

Padgham, R. W.....Geneva, N. Y.
Perine, Oscar A.....Brooklyn, N. Y.
Price, T. J.....Level Green, Ky.
Standlee, John B.....Peoria, Ill.
Stout, W. O.....Killbuck, O.
Widener, A. J.....Little Rock, Ark.

H. W. Felter, M.D., *Necrologist.*

BOOK REVIEWS.

Among the books and pamphlets received since our June issue is one issued by Lloyd Brothers, Cincinnati, O., namely: Drug Treastise, No. XXI. This treatise deals with apis, tela araneæ, spongia and cantharis, and is written by John Uri Lloyd, Phar. M. In reviewing the same I can do no better than append the following editorial from the *Pharmaceutical Journal and Pharmacist,* London, Eng., May 27, 1911:

"SOME ECLECTIC REMEDIES."

"Eclectic therapy gives authoritative recognition to four remedies of animal or insect origin, namely, apis (the bee), tela araneæ (cobweb), spongia and cantharis. An admirable treatise on these, by Mr. John Uri Lloyd, Phar. M., of the firm of Messrs. Lloyd Brothers, of Cincinnati, has been sent to us by the author. It is a pamphlet of forty-eight pages, full of historical matter relating to the substances in question, which cannot fail to interest even the casual reader, and the author hopes 'that this study of a few remedies now little known, and their past records, which are even less familiar, will be of some interest and service to both physician and pharmacist recipients.' The history, description and therapeutic record of the four remedies named are dealt with in considerable detail, and must have been the result of much painstaking research necessary to the systematic presentation of the subjects embraced in this 'Drug Treatise, No. XXI.' The first subject dealt with, apis, naturally considers the question of the bee sting in rheumatism, of which much has been written during the last few years, and extracts are given showing that the use of the bee sting for this purpose is broadly disseminated; an Austrian physician, we learn, has successfully treated seven hundred cases. Referring to honey and wax, the author contributes a personal note to show that the wax may modify the medicinal qualities of the honey, for he tells us that while he can eat freely of honey mixed naturally with the comb, without any discomfort, strained honey produces cramping and pain. With regard to cobweb, its properties and uses as a sedative acting upon the nervous system and circulation, are described in considerable detail. It is referred to in the form of 'Specific Medicine Tela Aranaæ' as 'the greatest heart stimulant in the materia medica, and lobelia is second only to it.' Burnt sponge, the author tells us, contains a large amount of combined iodine, not 'a trace,' as Christison states. In the making of the burnt sponge the whole sponge carrying the base attachment is employed; in this case the ash amounts to 30 or 36 per cent. The combustion process is described as one of 'a slow, *smothering* manipulation, in which, by a gradually raised heat in a vessel provided with a smoke exit, the product

comes mainly to a gray-black or brown color.' When this substance is treated with sulphuric acid in a covered beaker glass, effervescence follows, and violet fumes arise that change starch paper to a deep blue. The treatise altogether is a most interesting one, and should be read by all pharmacists."

Bulletin of the Lloyd Library of Botany, Pharmacy and Materia Medica. Bulletin No. 18, Pharmacy Series No. 4.

This bulletin is a history of the vegetable drugs of the Pharmacopeia of the United States, by John Uri Lloyd, Phar.M., with portraits of Charles Rice, Ph.D., New York City, and Joseph P. Remington, Ph.M., Philadelphia.

A bibliography assists in the historical study of the drugs, reference numbers being used in the text corresponding with those of the bibliography. The work is of historical interest and a valuable aid to students and writers of materia medica. Its compilation evidences a vast amount of work and study. M.

The Blood and Its Third Anatomical Element. Application of the Microzymian Theory of the Living Organization to the Study of the Anatomical and Chemical Constitution of the Blood and to that of the Anatomical and Physiological Causes of the Phenomena of its Coagulation and of its other Spontaneous Changes. By A. Bechamp, formerly Professor in the Medical Faculty of Montpelier (France), Corresponding Member of The Academy of Medicine, etc. Translated from the French by Montague R. Leverson, M.D., of the Baltimore Medical School, and M.A. and Ph.D. of the University of Göttingen. 438 pages. Cloth, $1.50. Postage 10 cents. Philadelphia, Pa.: Boericke & Tafel. 1911.

We are not entirely ignorant of the advantages accruing from a study of the blood, as Dr. Robert L. Watkins of New York has repeatedly called the attention of our National Association to the benefits arising from it, demonstrating his subject by means of slides and his micromotoscope. To those interested in a study of the blood we can recommend a perusal of this volume. M.

BOOKS AND PAMPHLETS RECEIVED.

"Acute Gonorrheal Prostatitis," by Ferd. C. Valentine and Terry M. Townsend. Reprint from *Medical Record*.

"Urethrotomy," by Terry M. Townsend, M.D., and Julius J. Valentine. Reprint.

"Presumably Cured Gonorrhea and Marriage," by Ferd. C. Valentine and Terry M. Townsend. Reprint *Journal A. M. A.*

"Gonococcal Toxemia," by Terry M. Townsend, M.D., and Julius J. Valentine, M.D.

"The Rôle of the Cystoscope in Prostatic Hypertrophy," by Hugh A. Baldwin, M.D.

Bibliographical contributions from the Lloyd Library, Cincinnati, O., No. 2, April, 1911. Bibliography relating to the floras of Europe in general and the floras of Great Britain, embracing botanical sections K and L of the Lloyd Library. M.

SOCIETY CALENDAR.

1. National Eclectic Medical Association.—President, A. F. Stephens, St. Louis, Mo.; Secretary, Wm. P. Best, Indianapolis, Ind. Washington, D. C., June 18-21, 1912.
2. Albany and Saratoga District Medical Society.
3. American Eclectic Materia Medica Association.— President, S. A. Abbott, Taunton, Mass.; Secretary, A. W. Smith, Chicago, Ill.
4. Arkansas Eclectic Medical Society.—President, W. H. Simmons, Rector; Secretary, R. M. Jernigan, Fitzhugh.
5. Boston District Eclectic Medical Association.—President, W. Clark; Secretary, Pitts Edwin Howes. Monthly, excepting July and August.
6. California Eclectic Medical Society.—President, H. Vandre, San Francisco; Secretary, H. Ford Scudder, Redlands.
7. Central New York Eclectic Medical Society.
8. Chicago Eclectic Medical and Surgical Society.—Monthly.
9. Colorado Eclectic Medical Society.—President, J. A. Dungan.
10. Connecticut Eclectic Medical Society.—President, James E. Hair, Bridgeport; Secretary, T. S. Hodge, Torrington. Semi-annually. Bridgeport, October 10, 1911.
11. Dayton Eclectic Medical Society.—President, W. H. Swisher, Dayton; Secretary, J. C. Newcome, Dayton. Quarterly.
12. Eclectic Medical Society of the City and County of New York—President, Charles Lloyd; Secretary, H. Harris. Third Thursday of each month.
13. Florida Eclectic Medical Society.
14. Fort Wayne Eclectic Medical Society.—President, G. A. Barry; Secretary, J. E. Morris. Monthly.
15. Georgia Eclectic Medical Association.—President, J. H. Powell, Atlanta; Secretary, G. W. D. Patterson, Atlanta. Atlanta, 1912.
16. Illinois Eclectic Medical Society.—President, Walter R. Schussler, Orland; Secretary, Wm. E. Kinnett, Peoria. Peoria, May 8, 1912.
17. Indiana Eclectic Medical Association.—President, T. S. Turner, Lebanon; Secretary, J. D. McCann, Monticello. Indianapolis, 1912.
18. Iowa Eclectic Medical Society.
19. Kansas Eclectic Medical Association.
20. Kentucky Eclectic Medical Society.—President, L. F. Robbins, Salt Lick; Secretary, Lee Strouse, Covington.
21. Kentucky Central Auxiliary.—President, J. H. Shultz, Jeffersonville; Secretary, T. A. E. Evans, Farmers. Richmond, November, 1911.
22. Kentucky Eastern Auxiliary.— President, D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton. Ashland, April, 1912.
23. Kings County Eclectic Medical Society.—President, Theo. Adlerman; Secretary A. W. Wolf.
24. Los Angeles County Eclectic Medical Society.—President, J. F. Barbrick, Los Angeles; Secretary, P. M. Welbourn, Los Angeles.
25. Maine Eclectic Medical Society.—President, F. W. Abbott, Taunton, Mass.
26. Massachusetts Eclectic Medical Society.—President, Sylvina Abbott, Taunton; Secretary, Pitts Edwin Howes. Boston, June, 1912.
27. Michigan Eclectic Medical Society.—President, C. H. Murphy, Perry; Secretary, J. E. G. Waddington, Detroit. Lansing, June 5, 1912.
28. Missouri Eclectic Medical Society.—President, H. H. Helbing, St. Louis; Secretary, Emmett F. Cook, St. Joseph. St. Louis, May, 1912.
29. Missouri Valley Eclectic Medical Association.— Secretary, John C. Story, St. Joseph.
30. Minnesota Eclectic Medical Society.
31. Nebraska Eclectic Medical Society.—President, C. W. Jester, Bethany; Secretary, S. J. Stewart, Kenesaw. Hastings, May, 1912.
32. New England Eclectic Medical Association.
33. New Hampshire Eclectic Medical Society.
34. Northeastern Ohio Eclectic Medical Association.—President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.
35. Northwestern Ohio Eclectic Medical Society.—President, R. V. Dickey, Lima; Secretary, J. J. Sutter, Bluffton. Quarterly.
36. New Jersey Eclectic Medical Society.—President, G. C. Young, Washington, D. C.; Secretary, G. E. Potter, Newark. Semiannual. October, 1911.
37. New York Eclectic Medical Society.—President, T. D. Adlerman, Brooklyn; Secretary, Earl H. King, Saratoga Springs. Albany, March, 1912.
38. New York Specific Medication Club.—Secretary, James Moran. Monthly.
39. Northeastern Indiana Eclectic Medical Society.
40. Ohio Central Eclectic Medical Society.—President Wm. E. Postle, Columbus; Secretary, C. M. Deem, Columbus. Monthly.

41. Ohio Eclectic Medical Association.—President, J. J. Sutter, Bluffton; Secretary, W. N. Mundy, Forest. Columbus, May 14, 1912.
42. Oklahoma Eclectic Medical Society.—President, F. S. Peck, Oklahoma City; Secretary, G. H. Stagner, Guthrie. Oklahoma City, May, 1912.
43. Oregon Eclectic Medical Association.—Secretary, Byron E. Miller.
44. Pennsylvania Eclectic Medical Association.—President, W. O. Keffer, Frugality; Secretary, M. V. Hazen, Titusville. Harrisburg, May 23-24, 1912.
45. South Dakota Eclectic Medical Society.—President, W. P. Collins, Homond; Secretary, J. C. Greenfield, Avon. Madison, 1912.
46. Southern California Eclectic Medical Association.—President, H. V. Brown, Los Angeles; Secretary, A. J. Lawrence.
47. Southwestern Ohio Eclectic Medical Association.—President, O. P. McHenry, Hamilton; Secretary, J. L. Payne, Cincinnati. Bimonthly.
48. Sullivan County Eclectic Medical Society.
49. Tennessee Eclectic Medical Society.—President, W. H. Halbert, Nashville; Secretary, B. L. Simmons, Granville. Nashville, May 21, 1912.
50. Texas Eclectic Medical Association.—President, M. F. Bettencourt, Ft. Worth; Secretary, H. H. Blankmeyer, Aransas Pass. Waco, May 18, 19, 1912.
51. Vermont Eclectic Medical Association.
52. Washington Eclectic Medical Association.—President, T. J. Pierson, Tacoma; Secretary, N. M. Cook, Seattle.
53. Western Ohio Eclectic Medical Association.—President, Guy J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly.
54. Western New York Eclectic Medical Society.
55. West Virginia Eclectic Medical Association.
56. Wisconsin Eclectic Medical Society.—President, Ira Fay Thompson, Reedsburg; Secretary, F. C. Haney, Milwaukee. Devil's Lake, June, 1912.

CALENDAR OF STATE EXAMINING BOARDS.

(Secretaries will please keep us informed of changes and dates.)

**Alabama*—One board. Secretary, W. H. Sanders, Montgomery.
Arizona—One board. Secretary, Ancil Martin, Phœnix. Eclectic member, G. F. Manning, Flagstaff.
**Arkansas*—Three boards. Secretary Eclectic Board, G. A. Hinton, Hot Springs.
California—One board. Secretary, C. L. Tisdale, Alexandria. Eclectic members, Charles Clark, San Francisco, and M. M. Mason, Lodi.
**Colorado*—One board. Secretary, S. D. Van Meter, 1723 Fremont St., Denver.
**Connecticut*—Three boards. Secretary Eclectic Board, T. S. Hodge, Torrington.
**Delaware*—Two boards. Secretary Homeopathic Board, R. A. Kittinger, Wilmington.
**District of Columbia*—Three boards. President Eclectic Board, E. B. Benson, 824 Fifth Avenue, N. E., Washington.
Florida—Three boards. Secretary Eclectic Board, S. F. Smith, Lakeland.
**Georgia*—Four boards. Secretary Eclectic Board, C. W. Miller, Atlanta.
Idaho—One board. Secretary, O. J. Allen, Bellevue. Eclectic members: Russell Truit, Cottonwood; C. M. Waterhouse, Weiser.
**Illinois*—One board. Secretary, J. A. Egan, Springfield. Eclectic member, W. R. Schussler Orland.
**Indiana*—One board. Secretary, W. T. Gott, Crawfordsville. Eclectic, M. S. Canfield, Frankfort.
**Iowa*—One board. Secretary, Guilford H. Sumner, Waterloo. Eclectic, A. C. Moercke, Burlington.
**Kansas*—One board. Secretary, H. A. Dykes, Lebanon. Eclectic members: A. S. Ross, Sabetha; C. J. Simmons, Lawrence.
**Kentucky*—One board. Secretary, J. N. McCormack, Bowling Green. Eclectic member, James C. Mitchell, Louisville.
Louisiana—Two boards. Secretary Homeopathic Board, Geo. T. Crebbin. New Orleans.
**Maine*—One board. Secretary, F. W. Searle, Portland.
**Maryland*—Two boards. Secretary Homeopathic Board, Joseph S. Garrison, Baltimore.
Massachusetts—One board. Secretary, E. B. Harvey, room 159, State House, Boston. Eclectic member, A. L. Chase, Randolph.
**Michigan*—One board. Secretary, D. B. Harrison, Detroit. Eclectic members: Wm. Bell, Belding; H. C. Maynard, Hertford.
**Minnesota*—One board. Secretary, W. S. Fullerton, St. Paul.
Mississippi—One board. Secretary, S. H. McLean, Jackson.

Missouri—One board. Secretary, F. B. Hiller, Jefferson City. Eclectic member, I. W. Upshaw, St. Louis.
Montana—One board. Secretary, W. C. Riddell, Helena.
Nebraska—One board. Secretary, E. Arthur Carr, Lincoln. Eclectic member, H. B. Cummins, Seward.
Nevada—One board. Secretary, S. L. Lee, Carson City (Eclectic).
New Hampshire.—Three boards. Secretary Eclectic Board, W. H. True, Laconia.
New Jersey.—One board. Secretary, H. G. Norton, Trenton. Eclectic member, D. P. Borden, Paterson.
New Mexico.—One board. Secretary, J. A. Massie, Santa Fé.
New York—One board. Secretary, Harlan H. Hoxner, Regent's Department, Albany. Eclectic member, L. H. Smith, Buffalo.
North Carolina.—One board. Secretary, B. K. Hays, Oxford.
North Dakota—One board. Secretary, H. M. Wheeler, Grand Forks.
Ohio—One board. Secretary, G. H. Matson, Columbus. Eclectic member, S. M. Sherman, Columbus.
Oklahoma—One board. Secretary, J. W. Duke, Guthrie. Eclectic members: M. Gray, Mountain View; A. E. Sawyer, Bochitto.
Oregon—One board. Secretary, E. B. McDaniel, Portland. Eclectic member, H. L. Henderson, Astoria.
Pennsylvania—Three boards. Secretary Eclectic Board, W. O. Keffer, Frugality.
Rhode Island—One board. Secretary, G. T. Swartz, Providence.
South Carolina—One board. Secretary, A. Earle Boozer, Columbia.
South Dakota—One board. Secretary, F. W. Fryburg, Mitchell. Eclectic member, H. S. Graves, Hurley.
Tennessee.—One board. Secretary, C. A. Abernethy, Pulaski. Eclectic member, W. H. Halbert, Nashville.
Texas—One board. Secretary, J. D. Mitchell, Ft. Worth. Eclectic member, M. E. Daniel, Honey Grove.
Utah—One board. Secretary, G. F. Harding, Salt Lake City. Eclectic, C. L. Olsen, Salt Lake City.
Vermont—Three boards. Secretary Eclectic Board, P. L. Templeton, Montpelier.
Virginia—One board. Secretary, R. S. Martin, Stuart.
Washington—One board. Secretary, F. P. Witter, Spokane.
West Virginia—One board. Secretary, H. A. Barbee, Point Pleasant. Eclectic member, C. W. Halterman, Clarksburg.
Wisconsin—One board. Secretary, J. M. Beffel, Milwaukee. Eclectic member, C. W. Rodecker, Wonenoc.
Wyoming—One board. Secretary, Albert B. Tonkin, Riverton.

* Reciprocates on various conditions. Write the Board Secretary for particulars.

APPLICATIONS FOR MEMBERSHIP.

The following applications for membership in the National have been received from the close of the Louisville meeting, June 21 to August 20, 1911:

CALIFORNIA.

Cheney, Florence V., Turlock,
Hubbard, B. Roswell, Los Angeles.

GEORGIA.

Baker, L. P., Atlanta,
Brogg, E. E., Atlanta,
Howell, J. H., Atlanta,
Hudson, F. P., Rosebud,
Pirkle, L. P., 1139 N. Jackson, Atlanta,
Rhyne, L. H., Bolton,
Salter, F. D., Alvaton.

ILLINOIS.

Bennett, J. P., Chicago,
Henderson, M. D., Pleasant Plains,
Hulick, C. H., Mt. Sterling,
Killene, H. F., E. St. Louis,
Johnson, N. L., Chicago,
Lowery, E. B., 1221 Granville Ave., Chicago,
Mounts, A. G., Chauncy,
Rounds, C. W., Chicago,
Scharre, W. F., Chicago,
Shaw, J. L., Watseka,
Smith, H. D., Vandalia,
Spindel, E. S., Springfield,
Whitney, G. V., Springfield.

INDIANA.

Bennett, S. M., New Goshen.

KANSAS.

Schaumleffel, H. G., Wichita.

MISSOURI.

Cornell, H. L., Hannibal.

NEW JERSEY.

Jones, Eli G., 437 High St., Burlington,
Morse, W. H., Plainfield,
Young, G. C., Washington.

OHIO.

Franklin, L. F., Chillicothe,
Frederick, Harry B., Sandusky,
Ream, C. E., Bowersville,
Ruble, W. K., Martinsville,
Shriner, W. W., 1558 Chase Ave., Cincinnati,
Van Nette, Wesley, Clyde,
Wilmuth, C. S., Mansfield.

OKLAHOMA.

Devry, J. W., Helena.

PENNSYLVANIA.

Lindbury, A. W.

READING NOTICES.

A Persuasive Tonic, Not a Therapeutic Lash.—Clinical observations demonstrate Cactina Pillets to be a mild tonic stimulant to the heart, acting both on the mechanism and directly upon the heart muscle. Its continued use will promote cardiac nutrition and overcome atony of the heart muscle. And in this assistance it affords the heart and circulation there is absolutely no danger of creating untoward symptoms or annoyance to the patient.

Summer Cases.—Conditions peculiar to the season now with us will present themselves for your consideration and a reference to the fact that Antiphlogistine has proven of particular service in Sunburn, Bee Stings, Insect Bites, Sprains, Bruises, etc., will offer you a ready and satisfactory dressing, and is procurable in all drug stores.

In those severe cases of Dermatitis following undue exposure to the sun's ray, Antiphlogistine will quickly reduce the inflammation and the accompanying swelling and pain.

In all cases it should be applied thick and hot and well protected by ample covering.

In Nervous Excitement.—The principal indications for Peacock's Bromides are, of course, Epilepsy, Uterine Congestion, Headache and all Neuroses. Being a safe and certain nerve sedative, it will be found a most valuable aid whenever the mental functions are overtaxed, producing insomnia. Peacock's Bromides does not compel sleep, like hypnotics, but by allaying the existing nervous excitement, whether due to mental strain, worry or anxiety, it promotes sleep in a normal manner. Unlike the effects from hypnotics, the patient awakens refreshed, with a clear head, and does not suffer from unpleasant sequelæ the following day. The overstimulation of the cerebral functions from alcohol yields promptly to the soothing action of this preparation.

Prompt Relief in Sciatic Pain.—In reporting his experience in the treatment of sciatica, Fred E. Davis, M. D., writes as follows in *Annals of Gynecology:* "I have been giving antikaminia and codeine tablets a thorough trial in the treatment of sciatica, and I must say that my success has been phenomenal indeed. I have also induced two other physicians to give them a trial, and their success equals or surpasses my own. I meet with many cases of sciatica, and before adopting antikaminia and codeine tablets I used a great deal of opium and morphine to relieve pain. Since then I have not given either. One of my patients had been confined to bed for three weeks during her last attack of sciatica. I prescribed one antikamnia and codeine tablet every four hours, and in forty-eight hours she was up and about, and has not felt the pain since."

An Ideal Purgative Minus Cathartic Iniquities.—This elegant product represents a real advance in the therapy of intestinal constipation. No one can use this remedy without being impressed with its prompt effects, convenience of use and surprising absence of undesirable consequences. The tablets are edible, pleasant to take, and will always be found to be a safe and positive eliminating agent in either toxic or non-toxic conditions of the intestines. They do not excessively excite peristalsis, and therefore do not produce griping or irritation of the gastro-intestinal mucous membrane. It is certainly a scientific achievement in the successful treatment of constipation, for "after-constipation" will not result from its use, and in the language of Dr. J. P. Hawes, it proves to be "a laxative that is pleasant to take, does its work nicely, and QUITS there."

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME III. CINCINNATI, DECEMBER, 1911. NUMBER 2.

COMPLETE AVULSION OF THE SCALP AND SKIN GRAFTING.

H. V. BLOSSER, M.D., FORT WAYNE, IND.

On April 9, 1908, Miss L., a healthy girl, twenty-three years of age, while working in a laundry under a revolving shaft, climbed on a chair to oil a squeaky bearing of the shaft. In so doing, her hair, which was very abundant, became caught in the shaft. Instantly, she was taken off her feet and after being thrown once around the shaft, was dropped on the floor minus the entire covering of her skull, the line of separation being from the bridge of the nose, taking about half of the upper part of the covering of the eyelid, all of the eyebrows, and extending backward in almost a straight line level with the junction of the external ear with the scalp—clean-cut—as if done with a knife, downward and backward from the ears on a line corresponding to the edge of the hair to the nape of the neck. There was no loss of consciousness and no excessive bleeding. A portion of the clothing had been torn away and there were some minor external bruises from contact with the shaft and the floor.

This, happening close to my office, I saw the case within a very few minutes after its occurrence. It presented a spectacle too horrible for description, and, being wholly unprepared for meeting so extensive an injury of this kind, I was at a loss to know how to proceed. The first imploring question put to me from the patient was: "Doctor, can I wear a wig?" I realized at that moment that it was something other than a wig that she needed. Having some sterile borated gauze with me, and as the wound was clean from all dirt, I immediately covered the head thoroughly with this dressing and sent her to the hospital.

Dr. J. E. McOscar was called in consultation, and, contrary to our judgment, but, yielding to the importunities of the friends, we attempted to replace the scalp that had been removed, after first carefully clipping the hair from same. Under general anesthesia, this scalp, which had not been lacerated and was practically in one piece, was replaced to its former position with interrupted sutures of catgut. Upon entering the hospital, she was given one-eighth grain of morphine, hypodermatically. After replacing the scalp, she was placed in bed.

She had severe pain at night and for a number of days following. There was retention of urine and it was necessary to use a catheter. The bowels

were moved with one grain of calomel in divided doses. Quinine, two-grain doses every three hours for two days. Urinated freely, bowels moved regularly. Patient was kept on liquid diet for three days and allowed, liberally, anything that agreed with her. On April 10, temperature rose from 101° to 103° F., pulse 100. On April 11, temperature practically 100° F., pulse 96 to 98. For the following two weeks, temperature ranged irregularly from 99° to 103° F.; pulse varied from 88 to 110, usually in proportion to the temperature. This temperature, in all probability, was caused by absorption from the dead portions of the scalp and infections produced therein.

During the first week, the thinner portions of the scalp seemed to regain some life, but the heavier portions were sloughing away. I forgot to state earlier in this description that with this scalp was included the occipito-frontalis muscle and other tissues down to the bare periosteum of the skull, which was too thick for any possibility of gaining nourishment and life from the meagre circulation covering the bare dome of the skull. This sloughing process continued until every portion of the replaced scalp had either sloughed away or had been removed with the dressings. (About two weeks.) Not only did we have a very bad infection and foul odor from the unwise replacing of the old scalp, but, through the destructive process of the infection, a portion of the periosteum and various areas of the outer plate of the skull were destroyed by the same. The outer plate of the skull being thus deprived of its nourishment in very irregular surfaces, varying from one to three inches in diameter, sloughed and loosened from its natural bed and was removed as soon as sequestra were movable. On other portions, not so badly affected, thick, spongy granulations developed rapidly and in the folds of which it seemed almost impossible to destroy the pus germs. After the fourth day, the patient was able to walk to the dressing-room on the same floor for her regular daily dressing of the wound.

As soon as the old scalp was removed, we attempted the skin grafting. As the patient was in a very debilitated state and seemed almost unable to bear the already severe shock and weakness from the extensive injury, we thought it unwise to torture her further by removing grafts from herself, and, inasmuch as many of her friends were willing to submit to the ordeal of parting with a small portion of their epithelium to cover the girl's head, we studded portions of the healthy and pus-free areas with numerous portions of epithelium by Reverdin's method, which consists in picking up a small point of epithelium on a needle or other sharp instrument and snipping with a sharp pair of scissors or sharp knife, and placing it immediately upon the area to be grafted. These, we placed from one-eighth to one-half inch apart, of course selecting, where possible, healthy individuals from which to obtain them. We also obtained from the patient's brother and sister some fair-sized Thiersch grafts, which consists in shaving strips of epithelium with a razor. It is needless to say that the skin from which the grafts were taken was first scrubbed and washed with an antiseptic solution and then with sterile water before proceeding with the operation.

Owing to the infection already established by the sloughing of the old scalp, many of the new grafts were soon destroyed. Some of them grew nicely for several weeks, spreading and coalescing, and seemingly covering the denuded surfaces, but, afterwards, breaking down and melting away, leaving the condition similar to that before the grafts were applied.

About three weeks after this accident occurred, Dr. McOscar left the city, and the case was left wholly in my charge. The first grafts grew nicely for a while. The surface to be covered being so extensive, we took advantage of the numerous offers to aid in covering the wound with donated grafts, and, in all, about twenty-five different persons courageously assisted us in this respect. This process we continued for a number of weeks, at times being encouraged, and at other times very much discouraged, by the varying process and failures of the grafts to continue to live, for these heterogeneous grafts would invariably die or melt away in the course of a few weeks.

In the beginning, having taken a few grafts from the patient's own normal skin and finding them to be the only ones that continued to live, we decided to use a general anesthetic and cover a goodly portion of the head with the patient's own skin. Ether was used and no sooner had the patient been fairly started with the anesthetic than the blood vessels in this spongy, unprotected granular tissue began to swell and break, and the blood ran in a large stream from the head on to the table and floor; so much so, that, in alarm, we discontinued the anesthetic without placing any grafts. Again, trying the heterogeneous grafts for several weeks with the same lack of success that we had previously encountered, we determined to try the general anesthesia with chloroform instead of ether, it having a less tendency to cause venous engorgement than the ether. In this we succeeded slightly better. After having removed only a few Thiersch grafts, the hemorrhage began, again alarming us, so that we were compelled to cease. During this time, the uncovered portions of the skull, or rather the fragments of the outer plate, became loosened or undermined with infection. We awaited further procedure in grafting until these sequestra had been removed. Up to this time, we had proceeded in the grafting according to text-book authority; but, owing to the failure of the general anesthesia, we were compelled (contrary to instructions of text-books in regard to use of local anesthetics or any method by which the skin to be grafted should be in any way disturbed by any mechanical or medicinal treatment) to try removal under local anesthesia. Accordingly, we proceeded with the same method of sterilization of the skin to be removed, and, using the freezing process of ethyl chloride, we removed a few small Thiersch grafts and placed them in favorable locations for their growth. After waiting a few days, to observe the results, we were very happily surprised to find them growing nicely. In the use of normal salt solutions to float the grafts and preserve their integrity, we found it to interfere very materially with the cutting edge of our razor, the salt solution practically destroying the same. Consequently, we again abandoned the stereotyped advice along this line and used

only plain, sterile water or very mild boric acid solution. We found this to answer the purpose fully as well as the normal salt solution without its disadvantages. After weeks of trial and experimentation, we hit upon a successful course of procedure. By this time, the patient having regained her general health to a great extent, and being courageous and very desirous of regaining a skin covering for her head, permitted us to proceed rapidly with grafts from her own body. Using the ethyl chloride spray freely and benumbing the skin as much as possible in very large areas, we rapidly removed long Thiersch grafts from the thigh and leg, and placing them immediately upon the prepared granular surfaces of the head, we were enabled in four or five sittings to cover the entire denuded surface. To prevent the dressings from sticking to these grafts, we cut long, thin strips of gutta percha tissue, placing them in rows over the grafts and others at right angles to the same. These dressings consisted of sterile gauze, wrung out of warm, weak boric acid solution. We were gratified to find that almost without exception every portion of graft applied in this manner grew nicely and soon coalesced to form an unbroken covering, as you will see in the accompanying picture or cut.

At first, these granulations covered in this manner were very thick, ranging from one-eighth to one-quarter of an inch, but, after the grafts were united, this tissue receded or atrophied, leaving the epithelium practically the only thickness covering the denuded surface. By this time the adjoining skin at the line of separation of the former scalp had gradually extended to cover a border of about one inch around the circumference of the injury, thus helping somewhat to lessen the area to be covered with grafts The former short hair just in front of the ears and around the nape of the neck had grown remarkably long, making a border of natural hair along the same.

Our final success occurred about eight months after the accident happened. In the meantime, this extension of the natural skin over the wounded surface had drawn up the eyelids, especially the left eye. The right lower portion of the forehead having been covered earlier by grafts from the patient's body had prevented the right eye suffering as severely as the left. This contraction was so extensive as to prevent the patient from entirely closing the lids of the left eye. Being desirous of gaining a free, movable lid, we decided to transplant a portion of the whole thickness of the skin over the place occupied formerly by the left eyebrow. Placing the patient under a general anesthesia, having no fear of a repetition of the former hemorrhage, because her skull had been well covered by the new grafts and the underlying spongy tissue had atrophied so much as to contain but a small amount of blood in its tissues, we made a curved incision along the border of the supraorbital process of the skull, corresponding to the line of the natural eyebrow, and dissecting down the contracted lid until the eye could be easily closed, we dissected out from the skin of the thigh a portion of the entire thickness of the skin, carefully avoiding the underlying fatty tissue, and making due allowance for the natural contraction of the skin

Fig. 1.—Line of separation.

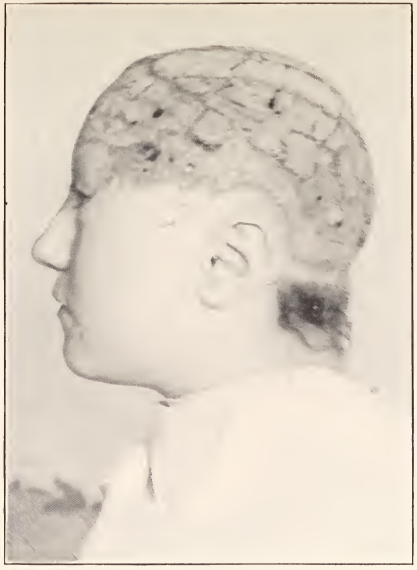

Fig. 2.—Illustrating grafts.

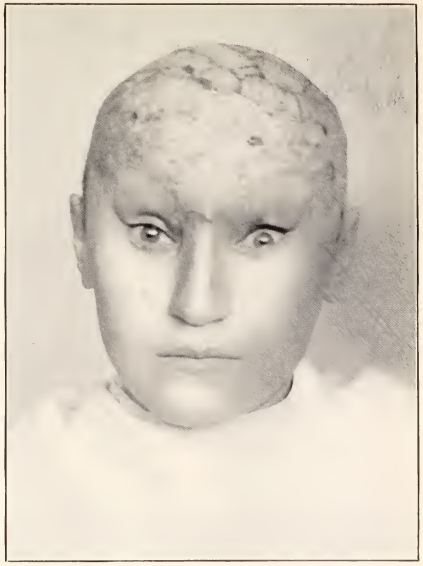

Fig. 3.—Contraction of outer corners of eyes.

Fig. 4.—Illustrating success after operation to relieve contraction at outer corners of eyes.

Fig. 5.—Present condition of patient wearing wig.

after being removed. This, we found to fit nicely in the uncovered area above the eyelid. Fastening this to the eyelid and to the ends of the incision of the denuded surface with a few interrupted catgut sutures, and covering with gutta percha tissue in rows similar to the other grafts, we were again happily surprised to find it grow nicely. This result you can see in accompanying cut if you will observe closely.

After about three years, since we succeeded in covering the head, we find the patient in a very comfortable condition as to same with some regained faculty of sensation in the grafted skin. The nerve filaments, as well as the blood vessels, have practically invaded the grafts, and in the larger portion of the head the patient can distinguish the sensation of touch. During this time she has been annoyed by ulcerations, caused by penetrations of hatpins or hard substances of the artificial covering, causing the grafted skin to break down, become infected and ulcerated. But these wounds heal rapidly with proper surgical attention, and in time these accidents have become less frequent and are more easily controlled. The patient suffers at times with severe headaches, but, in this respect, differs slightly from her former condition, because she suffered from the same before the accident. Otherwise her physical condition remains practically normal. After sensation has returned to some extent the danger of infection from pressure or other injuries is very much lessened. A protective cap should be worn beneath the wig for a long period of time, or perhaps always, both day and night.

Literature along this line is very meager. We could find record of only a few cases. One of the best descriptions that I have been able to find is that given in *Surgery, Gynecology and Obstetrics* (December, 1908), in a case reported by E. F. Robinson, M.D., of Kansas City, Mo. I am sorry to say that I did not receive this until after my case was practically well. Had I this article when the accident occurred I would probably have proceeded very differently and have had a much more rapid recovery in this case. Dr. Robinson gives a review of a number of cases, which he has obtained from both local and foreign medical literature, in which there is reported varying degrees of success both as to time and results, varying from two to twenty months as to period intervening from time of accident to the complete covering of the denuded skull. He also states that many cases die from the effects of shock, loss of blood and infection, the infection causing meningitis, encephalitis, erysipelas and thrombosis of one or more sinuses of the brain, or exhaustion from long-continued suppuration. He also noted that the cases which have recovered have been those in which there was no attempt made to replace the torn-off scalp—the present case excepted. The best and quickest results were obtained from those covered immediately by the Thiersch or Wolf-Krause grafts taken from the patients themselves. Heterogeneous grafts and epithelium or membrane from various animals will occasionally grow for a time, but in every instance reported have failed to supply a permanently satisfactory covering.

From our experience we believe that the best technique to follow is to

take the grafts from the patient himself, provided his condition will warrant the same. If there is no danger from a general anesthetic, it may be used, and a considerable area may be covered at one sitting by taking thick Thiersch or Wolf-Krause grafts as wide and long as convenient to obtain from the thigh, legs or arms, first, of course, preparing the skin by the usual scrubbing and antiseptic solutions.

The best instrument for removing the grafts is a long, wide-blade, hollow-ground razor. Holding the skin tense below the area to be removed, with one hand, and with a sawing motion, remove rapidly and smoothly as wide a portion of the skin as can be reached without making the edges ragged. Have an assistant steady the skin from above, and, with one hand, retract with a sharp-tooth tenaculum as fast as the grafts are cut with the razor. Another assistant, if possible, is to keep the razor and skin moistened with warm sterile water or mild boric acid solution, to prevent it from curling and sticking and also to float it on the area to be covered. Before the grafts are taken, the portion to be covered should be thoroughly cleansed with a mild antiseptic solution or sterile water, but not irritated enough to cause bleeding, for the blood will separate the grafts from the surface and have a tendency to float them off. The grafts should be placed in close apposition, but not overlapped. In this way we prevent a contraction of the tissues such as we find following burns in which no grafting is done. If it is not advisable or safe to use a general anesthetic, local anesthesia of ethyl chloride spray will answer the purpose very nicely. By thoroughly freezing the skin and removing the same before sensation has returned the grafts can be taken without a great deal of pain.

Surfaces from which the grafts are taken should be dressed as an ordinary wound. Where the entire thickness of the skin is not removed they will heal up rapidly by simple dressing. In case the whole thickness of the skin is taken the edges of the wound, after being dissected back, may be drawn together with interrupted catgut or silk sutures and dressed accordingly. After the grafts are placed they should be covered by a non-adhesive material, and, for which purpose, we find thin gutta percha tissue to be the best. This should be either cut in various strips or punctured with holes sufficient for the escape of serum and the fluids. Over this tissue should be placed a thick covering of sterile gauze to protect the underlying tissue from injury and temperature and to absorb the moisture and fluids escaping from the wound. Avoid ointments of greasy substances, for they have a tendency to macerate and destroy the epithelium.

From our experience with this case we have learned several points not found in text-books, namely, that sterile water or mild boric acid solutions answer the purpose fully as well as normal saline solutions. We have learned not to give the general anesthetic where large surfaces of skin have been denuded and excessive granulated tissue formed, for severe hemorrhage will be the result. Also, that local anesthetics, especially ethyl chloride, does not interfere with the success of the transplantation of the skin grafts. For our success in this case, I wish to give due credit to the ex-

cellent assistance and work done by the Sisters and internes of the St. Joseph Hospital.

MYELITIS.

THEODORE DAVIS ADLERMAN, A.B., M.D., BROOKLYN, N. Y.

By myelitis we understand an inflammation of the spinal cord, and while the term has been used with some freedom and latitude, the designation, acute myelitis, should indicate to our mind an acute inflammation of the spinal cord, an inflammatory lesion of the spinal cord.

The causes of myelitis are not very much different from those of inflammation of other organs of the body. The disease is attributed to cold or injuries of various kinds, to the influence of all infectious diseases, and may be a sequel to all of them, and to the toxic conditions associated with them. It will often follow wounds of the cord and its substance; syphilis and tuberculosis frequently lead to it; chemical and metallic poisons produce inflammatory changes in the cord, and the chronic form has been noted after lead, carbonic oxide and illuminating gas poisonings and exposure to cold and dampness, by depressing the vitality of the spinal cord, renders it more prone to bacteria and toxins.

The pathology consists of a low grade of inflammation of the round cells within the gray and white matter, increased vascularity, extravasation of corpuscles from the blood vessels, and depending upon the amount of extravasated blood and the age of the lesion; the myelitic portion may be red, yellowish or white. The color of the cord when removed from the spinal canal may vary with the stage in which death has occurred. There is a fatty denegeration of the nerve cells and their replacement by connective tissue elements.

Symptoms.—Depending upon the extent of the lesion, we have transverse, ascending and descending myelitis. The symptoms of myelitis will vary with the location of the lesions, their severity and character. The onset is rather sudden, a slight rise in temperature, a paresthesia and feebleness in the lower extremities. When the lesion is in the dorsal cord there will be paraplegia, pain in the back, radiating into the trunk and legs, more or less anesthesia, paralysis of bladder and later of the rectum and exaggeration of knee jerks. The liability to bed sores in dorsal myelitis is variable, and will occur if the lesion is extensive. Dorsal myelitis produces paralysis in both legs as well as of the bladder and rectum. The control of the bladder and rectum is usually disturbed early, with more or less incontinence and retention. In dorsal myelitis the muscles of the trunk and abdominal walls may also become involved. Paralysis of the intercostal muscles interferes with the respiration, and may even lead to dyspnea; expiration and expectoration become difficult owing to the paralysis of abdominal pressure. Some patients complain of numbness and tingling sensation in the toes and legs; others complain of spasmodic sensations; of itching in the bladder and

in the rectum. There may be girdle pains or sensations of painful constriction. When the inflammatory foci are in the lumbar region, the paraplegia is of the flaccid variety, the skin reflexes are weak and the tendon reflexes are usually lost. There is some anesthesia in the paralyzed parts, and rectal and vesical insufficiency is profound. As the centers of the muscles are here very much concerned, the muscles are flaccid from the first, and soon waste, and the electrical reactions associated with muscular atrophy are obtained, and as the centers for the bladder and rectum are contained in the lumbar portion of the cord, we accordingly find paralysis of the sphincters and incontinence of urine and feces. If the disease is of the three lower lumbar segments we will have anasthesia of the feet, legs, gluteal region and of the posterior surface of the thigh. In complete destruction of the lumbar cord most all tendon and cutaneous reflexes are absent. The patella reflex will be present, if its center in the second to fourth segment remains intact. When the myelitis is of the cervical cord, the general symptoms are very marked, and in addition to the symptoms of dorsal myelitis, there is motor paralysis of the arms or of individual muscle groups of a spastic character. The affection of the legs will be of the same variety as occurs in dorsal myelitis; paralysis, anesthesia, increased reflexes, and in due time muscular rigidity. In some cases the arms and legs may be equally involved, so far as paralysis is concerned; in others the arms are very much paralyzed, the legs very little, and sometimes we also have changes in the pupils.

The above division of different forms of myelitis refers only to the different locations of the disease and the various symptoms thereby produced. We will now say a few words in regard to the division of myelitis into the acute and chronic forms. In many cases the myelitic symptoms come on suddenly and lead in quite a short time to complete paralysis, and advancing cause death in from four to twelve weeks; or the disease begins acutely and developing a more or less complete paraplegia, shows only extremely light changes. All such cases must be defined as acute myelitis, but cases which begin slowly and progress gradually are chronic from the very first; saying otherwise, you will find in those cases an acute initial stage which will later take a chronic, progressive course.

Course.—Acute cases will reach their maximum in a few days, some in a few weeks, and if death does not result, become more or less stationary, with secondary degeneration, ascending in the sensory tracts and descending in the motor tracts. Death results from exhaustion, or it comes from cystitis or pyelonephritis often combined with pyemic conditions, or from extensive bedsores or from such other complications as tuberculosis or other acute maladies.

Diagnosis.—This is to be made from neuritis, where pain and tenderness along the nerve trunks would exclude myelitis, subacute rheumatism of the limbs can be differentiated by the nature and location of the pain (in joints) with other rheumatic symptoms. In poliomyelitis sensory deficiency is not present, and the motor loss is of monoplegic outline. In hysteria

the reflexes are not greatly disturbed, trophic changes are not present, and hysterical stigmata will help to diagnose the case. The differentiation from actute spinal meningitis depends upon the presence of intense irritative phenomena, hyperesthesia, marked pains upon movement of the vertebral column, stiffness of the neck and back (in spinal meningitis), while in myelitis the paralytic phenomena, trophic disturbances, paralysis of the bladder and the increase of the reflexes are prominent.

Prognosis.—Prognosis in myelitis depends upon the etiology, the course, the distribution and intensity of the paralysis and upon complications, as well as the purely physical stamina of the patient. Infectious cases will recover more completely than the idiopathic cases. The more acute and more extensive the lesion the less likely is the recovery to take place. There are very few means, if any, by which one can forecast a positive outcome. In general, you can say that the outlook is always very grave as to life, and very bad as to complete recovery. Cercival myelitis is always fatal. Acute bedsores and acute cystitis are ominous complications.

Treatment.—Two things you must ever remember in the acute stage of the disease: (1)Absolute rest, and (2) absolute cleanliness. In order to prevent further damage to the cord, the patient should be absolutely quiet in bed, and should not be allowed to move under any circumstances, and whatever change of position may be necessary, it should be done by attendant. Use warm water and soap freely, rub the skin with alcohol and dust with some antiseptic powder and prevent bedsores as much as possible. Use a water bed, keep on hand a supply of rubber pillows. Don't forget the occasional turning of your patient to one or the other side, so as to relieve the pressure on any one region. The bladder should be guarded, especially for retention of urine by the very careful use of the catheter, both to prevent injury to the mucous membrane and from the antiseptic point of view. But catheterization is only indicated when vesical retention can be determined by palpation and percussion. When it is impossible to catheterize regularly, the patient should be provided with a urinal (in males), and for women rubber urinals may be found, or ordinary thick cotton can be so arranged as to collect the urine. When cystitis has developed, raise the upper end of the bed. This inclined position favors the off-flow of urine and diminishes the danger of an ascending of the cystitis to the ureters. It is necessary to wash the bladder with some antiseptic solution, such as boracic acid (5 per cent), or a 2 per cent. solution of salicylic acid, which should be used two or three times daily. It is of importance to make a careful study of the urine at this stage, and to administer substances to make it unirritating. The administration here of specific medicine hydrangea is of great service. It relieves the irritation, prevents the formation of deposits. I give it here in twenty-drop doses in a little water every hour. The specific medicine, triticum repens in ten-drop doses in water, repeated three or four times daily, will do wonders in a great many of these cases, relieving the pains in the region of the bladder on micturition. In some other cases, where the pains shoot up to the opening of the ureter, the specific medicine, elaterium,

in very small doses (five to ten drops to four ounces aqua), repeated hourly, is the remedy. In cases where the patient has to empty the bladder very often, where there is a painful vesical tenesmus and violent cramp-like aching in the parts after urination, specific elaterium will never fail you. The treatment of the bedsores are a very vital and important question, and most useful in my hands I found specific echinacea, used as a local application, or you can use echafolta. The demarkation of the ulcer and desquamation of the necrotic eschar proceeds rapidly upon the daily use of these remedies. When the borders of the ulcer are inflamed, echafolta should be applied in the form of an ointment, or echinacea and lanoline mixed well together, half and half. The clean, granulating base of the ulcer should have a mild salve of zinc oxide or boric acid and lanoline. It is important to see that the bowels, the kidneys and skin are acting normally, and free excretions will help to lessen the vascularity in the diseased part.

I am not much in favor of using any coal-tar products for the relief of pain, and have never seen anything even approximating benefit from their use in these cases, and only in a very few cases did I have to resort to morphine, as in my hands belladonna and specific gelsemium always allayed the neuralgic and continuous pains in the vertebral column and in the nerve trunk. The application of dry cups along the vertebral column and the administration of laxatives will very often decrease the pains of the myelitic. Protracted lukewarm baths and the avoidance of all reflex irritation will combat the spasms and contractures, though in some cases the occasional use of the bromides may be necessary. Do not use morphine.

Other remedies used in myelitis are sodium salicylate (if due to infectious diseases, ergot and physostigma). Sodium salicylate is valuable at times to relieve pain when the other remedies have failed, particularly when you first administer a diaphoretic and diuretic. It should, however, be used with caution, and as soon as the pain is relieved the dose should be diminished, and it should be given at longer intervals. Brown-Séquard has recommended the use of ergot in myelitis, calling attention to its contractile effects upon the spinal vessels, and if used it must be freely administered in one or two-drachm doses of the liquid extract. I must say, however, that I have never seen anything approximating benefit from its use. Instead I employ specific physostigma venosum; it contracts torn vessels and controls hemorrhage very nicely, and prevents inflammation, and on account of its powerful sedative action it should be used with caution and in small doses, from one-third to two drops every three or four hours.

As the acute stage of the disease has passed, the treatment resolves itself into that of chronic myelitis. Wherever there are evidences of syphilis, anti-syphilitic treatment must be instituted, and the patient must also receive supporting, stimulating and alterative treatment. I do not use any mercurials here. Moderate doses of kali iodi in combination with specific echinacea or berberis aquifolium or specific iris are indicated here.

If the myelitis is secondary to autointoxication or to blood diseases, the treatment must first be directed to cure the primary cause. The manage-

ment of the case here resolves itself into one of good nursing, and attention to obviate all complications. Easily digested food must be given frequently and in small quantities. It is serviceable to vary the diet as much as possible. While alcoholic stimulants are used by many at this stage, I rarely employ them, and in the acute stage the use of the same should be very limited. The serum-therapy has up to this time shown no direct results, even in post-infection myelitis. In paralysis of sphincters, in anesthesia and in flaccid paralysis I employ strychnine subcutaneously, in one to five mg. daily. It stimulates the reflex centers and increases the excitability of the motor nerves in the paralyzed muscles, and seems to favor the restitution of these muscles. Eclectricity gives symptomatic improvement, but it causes recovery in very few exceptional cases. It may mitigate certain symptoms such as incontinence of urine, and has some effect upon the spinal cord. After the acute stage has subsided, either the faradic or galvanic current can be used, especially the faradization of the muscles and nerves of the paralyzed extremities; galvanization of the bladder in vesical weakness or faradization of the skin in anesthesia.

Warm baths are most useful in chronic myelitis. They have a sedative effect upon the nerves of the skin and reflexly on the nerve centers. They will decerase muscular rigidity and increase the general circulation. If the baths are well borne they may be used daily, especially in chronic myelitis with spastic symptoms. You must overcome constipation. Use massage for the integrity of the peripheral circulation, some passive exercise, and see that all muscles which retain any capacity be kept in use by natural or artificial means.

References: Sachs on the Brain; F. Taylor, Erb, Neuroglisches Centralblatt, Marie, E. von Leyden and Lazarus.

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ACUTE INFECTIOUS ANTERIOR POLIOMYELITIS—INFECTIOUS INFANTILE SPINAL PARALYSIS.

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According to Oppenheim, this disease was described by Heine as early as 1840, and Dr. Jacolyn Manning, in an article in *Hampton's Magazine*, states that cases were described as long ago as 1752. It is quite likely that it attracted the attention of physicians long before the latter date, and that the records would show it if they were thoroughly searched. Generalities are often dealt with in medical histories to the overlooking of striking special facts, and these escape notice unless a search is made of current literature, a fact usually overlooked by writers of such works.

In 1841 Dr. Colmer, a physician of West Feliciana, La., reported an epidemic of this disease. In 1881 Dr. Bergenholz, of Umea, Sweden, reported an epidemic in his practice, which included thirteen cases; and somewhat later Dr. Medin, a Stockholm physician, cited an epidemic in which forty-five cases occurred in one month in the same town. In 1894 Dr. Caverly,

of Rutland, Vt., reported a remarkable epidemic, in which one hundred and nineteen cases, with eighteen deaths, occurred in his vicinity during that summer. Within the past five or six years it has spread to many parts of the United States, and has become so well known as to arouse great apprehension, not only among the medical profession, but among the laity as well.

Between 1881 and 1906 forty-five outbreaks were reported, with an average of twenty-two cases each. The majority of these occurred in Scandinavia, though other parts of Europe, America and Australia were visited. The disease occurs epidemically in all instances, and must ,therefore, be infectious, though in my own experience, only a single member of a family where there were other children, has been attacked. That the disease must be communicated by direct transmission, as by the common use of drinking cups or similar medium, instead of through the atmosphere, therefore seems probable.

Like some other infectious diseases, this affection seems to possess a natural habitat, Norway, Sweden, Denmark and Iceland, the regions included under the general name of Scandinavia, seeming to afford the nidus from which it is spread throughout the world, wherever its emigrants locate. An important center of this malady during recent years in this country has been the upper Mississippi Valley, in Wisconsin, where so many Scandinavians are congregated. Wisconsin furnished reports of 408 cases last year, and probably a large number of others occurred which were never mentioned in the statistics. Ports of foreign entry have also suffered greatly, especially New York, that great *entrepot* of European emigration. From such places the disease follows the newcomers to their final location, where it breaks out and spreads to the established inhabitants.

Doubtless other infectious diseases are predisposing causes, for it has been observed that it frequently follows epidemics of whooping cough, measles and scarlatina. A dry, heated term also predisposes to it without doubt, for a prevailing epidemic seems to be aggravated when such conditions prevail, and to become ameliorated when different weather appears. Lowness of streams with the presence of stagnant water is believed to increase the virulency of the disease, especially when attended by a prolonged heated term.

A peculiarity of the disease is that boys are more susceptible to it than girls. Of eight cases seen by myself during the summer and fall of 1910, all were males. Many cases occurred in our city about that time, and my cases were confined to a small suburban area, covered by eight or ten blocks.

Like diphtheria, the disease is communicable to animals, as proven by the fact that during the epidemic recorded by Dr. Caverly, horses, dogs and hens sickened and became affected with paralysis. In the Rockefeller Institute experiments with monkeys have shown that it is inoculable to them from the human family, and it has been found that it may be conveyed from one to another by simply rubbing the nose of a healthy animal with the nasal secretion from an affected one.

Strenuous effort has been made to discover the germ, and it was at last decided that it was too minute to be seen by any microscopic lens yet devised, though Drs. Landstein and Popper declared that it belongs to the animal world, and is the lowest form of life, a protozoon. Flexner and Lewis assert that it belongs to the filterable viruses, not yet susceptible to ocular discovery, though according to very recent newspaper authority, which is usually sensational, the Rockefeller Institute experts have seen, through the ultra-microscope, small, oval, shiny bodies, supposed to be the germs sought. It is interesting to note in this conneciton, that it is stated that the germs are so small as to pass through the finest porcelain filters. As the science of the Rockefeller Institute is sometimes ultra-scientific, and that of the newspapers still more so, it might be well to wait for further information before accepting the announcement of germ discovery as final.

Little has been added to the pathology during late years. A hyperemic condition of the anterior affected horns seems to be the early evidence of disease changes. It is evidence of acute inflammation of the gray matter. Blocking of the arteries, apparently from infective thrombi, with interstitial hemorrhage and leucocytosis, the round cells being especially heaped up around the vessels appears. The ganglion cells become clouded, the nuclei indistinct, and the extending neurons atrophied. Later the cells and fibers of the gray matter become shrunken. Destruction of the trophic centers is reflected to the groups of muscles supplied, and even the nutrition of the bones may become involved. The entire section of the cord upon the affected side finally becomes atrophied. If both sides are involved they become asymmetrical.

The symptoms are very variable. In many cases, after an indisposition of slight character, the child will be found to have lost the use of a limb. Sometimes, and such has been the case in the majority of those I have observed, the symptoms are first those of acute or muscular rheumatism. Aching in the back and limbs is severe; sometimes the joints are swollen and reddened, and, though the patient may still be dressed and about, he complains of weakness, of being tired; prefers to sit and watch his playmates, rather than join in their games. He loses appetite, becomes restless and sleepless at night, and gradually anemic and still more asthenic. Difficulty of locomotion may not be very noticeable in the beginning, and all may be ascribed to rheumatic joints and muscles, until a pronounced dragging of one or both feet grows unmistakable. In other instances the patient may retire apparently well at night, and wake with a paralyzed limb in the morning. Many cases are stricken suddenly and violently with the symptoms of a severe infectious fever. A premonitory chill, followed by high temperature, convulsions, and possibly delirium, may occur. The fever may continue for a week or more, with slight rise of temperature (102°, 103° F.) in the evening, for a week or more before convalescence, the paralysis developing early in its course. The paralysis occurs in groups of muscles corresponding to the centers involved, and never affects all the muscles of a diseased member.

The prognosis as to the death of the subject is not grave, and if he survives the onset of the paralysis but a short time life may be considered out of danger. Infants under six months of age are liable to succumb, though such subjects are rarely attacked. The great danger is of permanent crippling and deformity. The majority of cases partially recover the use of affected parts; not that the paralyzed muscles regain their functions —unless successfully treated early—but associated muscles assume in time vicarious functions, and nearly provide for the loss of those paralyzed. In many cases the external popliteal nerve is the only one that remains permanently paralyzed, and as this supplies the tibialis anticus, external longus digitorum and other external muscles of the leg, foot-drop is the consequence. Paralysis of the upper extremity and side of the face may occur, though the lower extremities are usually involved to the exclusion of higher parts. If the trophic centers are seriously involved the affected leg may shorten from non-development of the bones.

I am sorry I cannot describe an absolutely successful treatment. I will remark, however, that some of my cases have recovered permanently, without loss of any muscular power. I am opposed to the practice which is popular with some physicians, viz., the placing of the affected extremity in a plaster cast and keeping it there for months. Indeed, I would never inaugurate this treatment in any case of the kind. I believe the restriction, loss of exercise and mental effect is very injurious. It is important that the subject shall have rest and quiet so far as is commensurate with reason, but making a prisoner of a growing child often results disastrously, and I believe I have known of deaths caused by such treatment.

Knowing the pathology, and believing that we are wasting time and effort striving to destroy the infectious principle of the disease in a short time with remedies, what shall we do? Echinacea is one of our best agents in infectious conditions. It tends to preserve structure in all necrotic states. Supply its place with echafolta if you prefer. The infectious hyperemia in the vessels of the affected parts calls for this remedy every time, and calls for its persistent use until time for destructive action is past. It should be begun early and continued for at least two months, if not longer. I believe it is capable of doing good throughout the third month. While the temperature is up, and active hyperemia is probably present, kali mur., the 3x, is indicated; but as soon as this period is past kali phos., 3x, should be begun and alternated with the echinacea. It is a builder of nerve cells, and offers much hope of beneficial results. Give a dose four times daily, alternated with appropriate doses of echinacea. If muscular pain is severe, rhamnus. cal. in appropriate doses affords much, if not complete, relief. Sharp, spasmodic pains call for magnesium phos. 3x, and sanguine hope may be entertained of good results in this complication.

Baptisia and lachesis are both indicated, for their antiseptic and preservative influence on the affected area of gray matter, but I do not think they are equal to echinacea.

A great aid in these cases is the tonic faradic treatment. It quiets rest-

lessness, promotes normal slumber at night, tones up the circulation generally, encouraging digestion, and assists materially in equalizing the circulatory disturbance in the localized area of vascular engorgement. By such means I have been able to bring about recovery in cases of eight weeks' standing, without a vestige of disease remaining. My experience has not been as extensive as that of many, but I have seen enough to gather confidence in them.

The faradic tonic treatment consists in passing the current from the feet to the nape of the neck for ten minutes, and afterwards consecutively passing it from the left foot to the right hand for five minutes, and *vice versa*. The positive should be at the feet, the negative above.

This treatment should be persevered in, with appropriate regimen, for several months before abandoning a case as one of confirmed paralysis. Later, or even in the beginning, with the measures already advised, massage might be employed to invite circulation and nutrition to the affected muscles, though it is well to remember that this is only treating one of the results of the disease rather than the disease itself, which lies in the gray matter of the spinal cord.

MISCARRIAGE AND ITS TREATMENT.

J. R. Spencer, M.D., Cincinnati.

The spontaneous expulsion of an impregnated ovum may occur at any period of pregnancy: the time at which this occurs has given rise to various designations, such as abortion, miscarriage and premature delivery.

The term abortion is used to express the expulsion of the products of conception at any time previous to the seventh month. The term miscarriage is used to designate the expulsion of the uterine contents at any time previous to a full time development. A premature delivery may occur at any time between the seventh month and the end of the ninth month of gestation.

Owing to the general use of the term abortion in connection with criminal practice, it has grown in disfavor with the medical profession. From the lack of definite information it is impossible to arrive at an accurate conclusion as to the frequency of spontaneous miscarriages, but from information obtainable it is safe to make the statement that at least one-fifth of all pregnancies end before the attainment of the seventh month of gestation.

The dangers coming from miscarriages are: (1) Excessive hemorrhage, (2) injurious effects upon the system, and (3) sepsis.

In the early months of pregnancy a miscarriage is rarely attended by a severe hemorrhage, owing to the fact that the blood-vessels supplying the uterus are small. Occasionally an exception will be found in which a severe hemorrhage will be present. This is caused by an abnormally large devel-

opment of the uterine blood-vessels. Later on in pregnancy, hemorrhage attending a miscarriage is often a great source of danger.

Frequent miscarriage will be followed by pathological conditions of the uterus and ovaries, and often produce anemia and debilitated conditions of the system that will impair the resisting powers of women and be a great factor in shortening their lives.

The septic conditions following many cases of miscarriage are similar to or exactly alike those following full-time deliveries, having common generative germs and producing pathological conditions known as vaginitis, endometritis, peritonitis, parametritis, salpingitis, pyemia and some other diseased conditions.

The causes of miscarriage may be included under the following four divisions: Constitutional, ovuline, uterine and accidental.

Under the constitutional causes may be enumerated such diseases as tuberculosis, anemia, skin diseases, syphilis, epilepsy, hysteria, dysentery, constipation, diarrhea, different forms of fevers, eruptive diseases and various acute troubles. In this list the diseases that are most likely to produce miscarriage are scarlet fever, smallpox, epilepsy and syphilis. Vaccination will occasionally produce a miscarriage if done during pregnancy, and is also dangerous to the life of a female if done during that time or during a short period following confinement.

Under ovuline causes can be named any pathological condition that affects the ovum or fetus.

Under uterine causes may be named prolapsus, anteversion, retroversion, uterine irritation, cancer or ulceration of the cervix. Occasionally a hemorrhage beneath the placenta, known as placental apoplexy, will produce a miscarriage.

Under accidental causes may be mentioned falls, blows, excessive coitus, lifting, horseback riding, running a sewing machine, or violent exercise of any kind. Occasionally the membranes are so thin and weak that they will rupture from sneezing, coughing, vomiting, drastic purgation, tight lacing, or any other similar cause, while other cases will abort only by severe and repeated disturbances of a mechanical nature.

The symptoms of a miscarriage will depend upon the time of gestation at which it occurs. During the first days of pregnancy it is attended by little or no pain. It may be mistaken for a difficult menstruation, the ovum often passing in a clot of blood without being recognized. At a later period of gestation it is attended with much pain, with hemorrhage, more or less severe, and will be very similar to a case of labor at full time.

If a fetus be dead in utero it will act as a foreign body in the uterus and will be expelled by uterine contractions. If the membranes rupture and the liquor amnii escapes, a miscarriage will take place regardless of all efforts to stop it.

The pains of dysmenorrhea and a miscarriage in the early weeks of gestation are quite similar, and may be mistaken one for the other. The pains of each are caused by contractions of the uterus for the purpose of

emptying itself, in the first case of a blood clot, and in the second of the products of conception. In order to differentiate between these conditions it will be necessary to determine whether or not pregnancy exists.

Miscarriages are more injurious to the health of a woman than the birth of a child at full time, as secondary results are more likely to follow them, such as chronic diseases of the uterus, ovaries, tubes, and a general impairment of the health.

Miscarriages after the eighth week of gestation are attended with greater hemorrhage than previous to that time. Possibly a miscarriage at the tenth week of gestation is more likely to be followed by septic complications than at any other time, as the tufts of the chorion, from which the placenta is afterward formed, cling so tenaciously to the uterine wall that they are removed with difficulty, and oftentimes portions of them are left, and these become infected, causing trouble. Miscarriages caused by scarlet fever, or any fever of a severe form, have a large rate of mortality.

Previous to the third month the ovum, enclosed in its membranes, will often pass in one mass. After the third month the membranes usually rupture and the fetus passes, and afterward the placenta is either expelled or has to be mechanically removed. Occasionally after the fetus has passed the os uteri will close, retaining the secundines for many days. This closed condition of the os uteri will often deceive the physician and cause him to believe that all the contents of the uterus have passed. He should carefully inspect all the discharges to ascertain whether or not this be true. When the secundines remain in the uterus for several days, decomposition takes place, emitting a very offensive smell. Absorption of this putrid material will cause septic complications that often prove fatal.

Treatment.—When a physician is called to a case of threatened miscarriage, he should ascertain the cause and remove it if possible. He should make an effort to prevent the completion of the miscarriage. This is best done by having the patient take her bed, and then give her the indicated remedies. Possibly macrotys and viburnum will be needed in more cases than any other medicines, unless pain be present, then morphine or some form of opium will be the very best remedy. This should be given in sufficiently large doses to control the pains. These pains are produced by contractions of the uterus, which may empty it.

If the miscarriage cannot be stopped, then the case should be treated very much as a case of labor at full time, allowing it to end naturally, if it will. Many cases will not end without assistance, and complications will often arise that will need a physician's knowledge and skill. If the pains be weak and insufficient to expel the contents of the uterus, they may be strengthened by the administration of quinine, strychnia or ergot. Before the third month, if hemorrhage be present to an alarmnig extent, a vaginal tampon can be used to stop it; the blood thus retained in the uterus will help to loosen the placenta so it will more readily pass when the tampon is removed.

In some cases the fetus will pass and the placenta will be retained in the uterus for one or two days or longer, and then be removed by nature without much hemorrhage, but there is always danger of hemorrhage when the placenta or any part of it is left in the uterus. It should always be removed soon after the expulsion of the fetus. In most cases this can be done by giving the patient an anesthetic, and then, introducing the whole hand into the vagina, and with two fingers in the uterus, remove from that organ all its contents. The sense of touch will enable the physician to readily determine when he has succeeded in removing all the secundines. The os uteri is usually dilated sufficiently by the passage of the fetus to allow this to be done without further dilatation. Several hours after the fetus has passed, the os may close so much that its dilatation may be necessary. This can readily be done by carefully using a uterine dilator, after which the contents of the uterus can be removed by the method just described.

Very satisfactory work can be done with a uterine curette, or with a placental forceps, by way of removing the contents of the uterus after the passage of a fetus, yet there is always some danger of penetrating the wall of the uterus, and the physician always feels some uncertainty whether or not he has succeeded in removing all that ought to come away. In many cases after a curettement for this purpose quite a profuse hemorrhage will continue, showing that some portion of the placenta has been left, and that a further effort to remove it will be necessary, or that a sterile packing will have to be placed in the uterine cavity.

If the placenta should be allowed to remain in the uterus for several days, it will become very offensive and infectious. The patient will soon become poisoned by the absorption of this material. The first evidence of this poisoning will be a chill, followed by fever, and unless the cause of infection be removed, a long train of pathological conditions are likely to follow. The cervix should be dilated and the contents of the uterus removed, either with the fingers or a curette.

In some cases the placenta and contents of the uterus will become a mass of putrefaction, almost of a liquid consistency. This material can best be removed by washing out the uterus with sterile water carried through a rinsing curette. The patient should be placed upon an inclined plane, on which the hips are at least one foot lower than the shoulders, so as to favor a ready return flow of water from the uterus to the vagina, thus preventing the passage of any water through the Fallopian tubes into the pelvic cavity. A position similar to this, possibly not so steep, should be assumed for the purpose of favoring drainage, after the uterus has been washed out.

A patient badly poisoned by the micro-organisms found in a putrid placental mass will not always recover as soon as the offending material has been removed, but may suffer for a long time from its effect, yet the first duty of the physician, when called to treat such a condition, is to remove the source of poisoning, then carefully treat the complications as they may arise.

Much could be said at this point upon the treatment and care of these

complications, but time and space will not allow such an extension of this paper. The writer desires to finish this article by saying that all the operative procedures mentioned in it are to be done by the most careful aseptic methods.

DISCUSSION.

Dr. J. S. Hagen (Cincinnati): I want to disagree with the doctor in one part of treatment he uses, and that is the uterine douche. You take these cases of tube infection, and most of them have been produced by the uterine douche. The blood will coagulate and crowd around your instrument, the water is infected and gets up into the tube, and you have infection and perhaps peritonitis and death. In all these cases the uterus can be cleaned out just as thoroughly by the use of the curette, and I want to condemn the use of the uterine douche.

Dr. B. K. Jones (Kenton, O.): I wish to take issue with Dr. Hagen on that question. There are douche tubes and douche tubes. If the douche tube is properly constructed, there are certain conditions in which it is the very best thing to use. I agree with Dr. Hagen that if the tube is so constructed that septic material gets into the tube, it is better if the tube is somewhere else. But I think the greatest difficulty arises in the case of miscarriages from the carelessness or negligence of the doctor. When the doctor is called they will say everything is all right. If she is to depend on her own judgment, they should not call a doctor. If I am to assume the responsibility, I must know. Unless they are willing to allow me to determine the conditions existing, they must excuse me from responsibility in the matter.

Dr. Thomas: I think the doctor has covered the ground very thoroughly, but in my mind these cases of abortion or miscarriage should be handled more in the line of surgical ways and methods, as this method removes a great deal of danger. Assuming that an abortion is indicated, and you begin to get a hemorrhage, my idea is to remove that cause, and I remove it by dilating the uterus, removing whatever is there, packing it, examining carefully with my finger to see that there is nothing left, and then cleansing with a very small amount of aseptic solution, then packing it and giving some remedy that will act as a uterine constrictor. In the early stages of pregnancy the danger of hemorrhage is less than after the placenta has formed. The physician should stay right there until the operation is completed.

Dr. Spencer: I simply want to refer to Dr. Hagen's criticism. I have been using the uterine douche for many years, and I want to insist that it must be used when the patient is on an incline, in order to facilitate the return of the water into the vagina instead of allowing it to go into the tube.

NEUROTIC DISTURBANCES AND KIDNEY AFFECTIONS.

W. R. Ruble, M.D., Smith's Grove, Ky.

It has been said that it is just as natural to have some trouble with the kidneys as we grow old as it is for wrinkles to come in the skin. Ten years ago, even, I should have regarded this statement as extreme. To-day, in the light of my experience and observation, I regard it as being not far from the truth. When Dr. Scudder wrote in his "Practice of Medicine," thirty

years ago, that, in his opinion the most common form of headache "is from deficient action of the kidneys," I regarded the statement as unreasonable. Of late years I am more and more of the opinion that Dr. Scudder was right, and that this expression of opinion is but one of the many instances in which he exhibited that keen insight into the expressions and characteristics of disease which placed him so far in advance of the men of his time.

In selecting this subject for discussion at this time, I do so not because of any claim to superior knowledge of the subject. On the contrary, I have seldom felt my incompetency more sensibly than in my attempts to differentiate between those nerve manifestations which are due essentially to organic nerve lesions and those caused by disease of the kidneys, and in my attempts to afford relief in some such cases.

It is not my purpose to consider the etiology or pathology of the many and varied forms of kidney disease. There is an abundance of material already written and at your command covering these two phases of the subject. I shall not attempt to enumerate symptoms or render diagnosis in any special disease. I desire, as briefly as possible, to consider some of those symptoms which I have found to be so uniformly present in a large and apparently increasing proportion of chronic cases coming to me in recent years for treatment, and to outline the plan of treatment which my experience has shown to have been beneficial in such conditions.

Guarded and controlled as are the kidneys by the great sympathetic nervous system, the mutual influence of this system upon the kidneys, as well as that of the kidneys upon other organs through the sympathetic, is very marked. It is to emphasize the importance of looking for the manifestations of this influence, rather than the hope of writing something new and strange, that I present this paper.

I have quite frequently witnessed intermittent or paroxysmal attacks of diabetes during an attack of renal asthma. Within a few minutes' or half-hour's time, great quantities of urine of a low specific gravity would be voided, after which reasonably normal conditions would prevail. Glycosuria may intermittently follow shock or great mental emotions, as well as arise from organic lesions of the nervous system. Dr. Lorand publishes that two young ladies contracted severe diabetes after a fright, while previously there had been no symptoms of such, and a third case of glycosuria was increased very considerably. It is a matter of record that after the bombardment of Strasburg, in the war of 1870, many cases of diabetes developed in consequence of fright and anxiety brought about by it. Albuminuria of a neurotic character may be due to various causes, as hysteria, great mental emotions, epileptic and apoplectic attacks, tetanus and severe mental strain. Functional disturbances of the kidneys are thus kept up for great periods of time, producing a condition of auto-intoxication. These toxins will in time bring about deterioration and destructive changes in the epithelium of the kidneys and the formation of connective material in its place.

When we attempt to enumerate the many neurotic symptoms having their origin in lesions of the kidneys, we invade deep waters and are beset by many difficulties, for the reason that many symptoms may be due also to chronic heart and brain troubles. Symptoms of chronic uremia may exist for years and give rise to a wide range of manifestations. Among those most frequently met with perhaps are pains in the joints and muscles, usually termed rheumatism. While such pains may not always be due to the kidneys, I feel sure in the great majority of such cases the cause is in the kidneys. Pain in the back of the head and neck, often described as extending from the top and front part of the head through to the basilar portion, is almost invariably due to the kidneys. Stiffness in the muscles of the back of the neck, the pain extending to the shoulder and worse on motion, is also characteristic.

If the trouble in the kidneys is of sufficiently long duration, evidences will appear in the tongue, and there will be seen creases or fissures, with possibly beginning redness. Deep cracks with deep redness are indications of long-standing disease of the kidneys, not of a few weeks or months even, but most likely of years' duration. Numbness and tingling sensations in some part, quite frequently along the course of the radial or ulnar nerves, are symptoms most frequently experienced at night. The patient will awaken to find the part numb, having the feeling as if asleep. Rubbing the part briskly for a few minutes will usually restore the part to its natural feeling. Eating candy or other sweets aggravates these symptoms, and their use should be avoided. These symptoms will rarely be found present without the patient having noticed some disturbance or irregularity in the action of the kidneys.

There are two points I desire to emphasize in this connection. The one is the great and apparently increasing number of persons having these symptoms; the other the insidious character of the conditions underlying and giving rise to these symptoms, and the importance of recognizing them and instituting treatment as soon as possible, thereby preventing subsequent resulting paralysis. I have often noted these symptoms as being present for years.

Renal dyspnea is one of the most suggestive indications of chronic nephritis, caused by uremic intoxication. It may persist for months and sometimes perhaps for years. It is sometimes continuous, but usually I have found it to be paroxysmal. In some cases we have the Cheyne-Stokes breathing, which is usually, though not always, a symptom of toxemia.

Persistent, uncontrollable nausea and vomiting, with or without gastric irritability, is often found. Attacks of vomiting may be paroxysmal and continue for years periodically, unless relieved by treatment directed towards the removal of the cause. Continuous vomiting with gastric irritability is sometimes the first indication of uremia, to be followed by other symptoms later, with fatal termination. Quite recently I was called to see a woman who had been treated for a week or ten days previously by another physician for persistent, uncontrollable vomiting, with gastric irritability. She

was a tubercular subject. Her mother, three sisters and one brother having died of tuberculosis, I had expected this woman to go the same way. While there were some evidences of kidney trouble, I regarded the red, slick tongue as indicating gastric irritation or a tuberculous condition, or both. I did not suspect uremia as the cause of the vomiting until other symptoms of uremia appeared some days later, when she passed into a comatose state and died, most likely of chronic nephritis with toxic irritation of the medullary centers.

I cannot do better, perhaps, than give an account of one or two other cases, as illustrative of conditions growing out of kidney troubles. Two years ago last spring I was called to see a woman who had been suffering from periodic attacks of nausea and vomiting for a period of three and one-half years. She had been treated by seven or eight doctors, who had failed to give more than temporary relief, by hypodermics of morphia, until her limbs were blue from the effects of the needle. Her physicians were all of the opinion her trouble was reflex in character, but further than this there was no agreement. The Drs. McCormack, among others, were called in the case, and performed an operation freeing the uterus from adhesions to adjacent parts, which had resulted from inflammatory processes in early life, but which had long since gotten well. The operation served to let the womb down from its fixed position, but necessarily did nothing to relieve the vomiting. The husband of the woman had, for a year before I was called, resorted to the administration of two or three grain doses of morphia per rectum, to give relief from the attacks. These attacks gradually became more persistent, until but three or four days would intervene between the paroxysms. I found a number of characteristic indications of kidney trouble, pain in the back of the head and neck and in the region of the kidneys always accompanying the attacks. Lying upon her back increased the pain and vomiting. Cracks were beginning to form in the tongue, with unnatural redness in the center. Treatment in the main was directed to the kidneys and nervous system, with the result that for more than a year there was no return of the vomiting. There was in this case a failure of the kidneys to eliminate certain toxic materials from the blood, which, acting upon the nerve centers, produced vomiting through reflex action.

A case of chronic nephritis just recently treated, in a man eighty-three years old, presented a combination of symptoms very difficult of differentiation. Omitting a detail of those conditions, ordinarily of much interest, but which do not pertain especially to my subject, I will say that the most important symptom of this case was a "Cheyne-Stokes" breathing which continued practically uninterrupted for a period of seven months, until death ensued. There were present partial hemiplegia and considerable disturbance of the heart's action. Albuminuria was present, but seemed to vary very much in proportion to the amount of pus in the urine. Whether the "Cheyne-Stokes" breathing was due to organic heart or cerebral trouble or whether it was of renal origin, was one of the difficult questions to determine in

connection with the case. Our final judgment, however, was that it was of renal origin, and due most likely to a condition of chronic toxemia.

The prognosis in cases showing the symptoms I have tried to outline in this paper is worthy of some consideration. Treatment, to be of permanent benefit, must be begun before great structural changes have ensued, and must be continued sufficiently long, usually for some months. Treatment thus begun in time usually results in great benefit. The proportion of cases in which such benefit is permanent is somewhat problematic. The great difficulty in securing satisfactory results in many cases is to induce the patient to persist in the treatment long enough to obtain the results desired.

We have in our Eclectic materia medica a great wealth of agents of much value in conditions such as I have tried to outline above. Many remedies of reputed value I have never had occasion to use, and of those I have used I shall refer only to a few. Specific hydrangea is a remedy I have used quite frequently, and in a wide range of conditions. It is both tonic and sedative and a restorative to normal action in both functional and structural lesions. It is mildly diuretic in its action and its influence extends to the entire urinary tract. I use specific agrimonia in all painful conditions of the kidneys, and with sharp cutting pains in the bladder, and in deep-seated soreness in the region of the kidneys. It is indicated where there is mucus or muco-pus in the urine. The characteristic indications for specific apocynum are too well known to require enumerating here, and when found present apocynum is especially positive in its action. It is of equally positive value even where there is absence of the characteristic symptoms, as in many painful conditions of neuralgic and rheumatic character, and in sciatica and pains in the joints, made worse by motion. In such conditions its beneficial effects are often enhanced by association with other indicated remedies, as macrotys, bryonia, rhus tox., etc. I have had most excellent results by the use of galvanism in these painful conditions when its application was practicable. Specific apocynum is valuable in paroxysmal asthma of uremic character, as an intercurrent remedy. Even in some cases of paroxysmal vomiting it may be thus used with advantage. The dose will rarely need to be so large as to produce nausea or gastric irritation. I have found the distillate "apocandyl" more palatable, especially for children, and its diuretic effect seems to me to be more prompt than that of specific apocynum. Specific oxydendron is positive in its action in cases where there is ascites, or where urination is painful. Specific polytrichum is a good eliminant of toxic elements by way of the kidneys. Specific chimaphilla I use mainly for its sedative effect in inflammatory states of the kidneys, and its influence in restoring the excretory functions to a normal condition. It is an old remedy and I have known it to be used for kidney affections when I was a child. It is now used by the laity in the community where I live as a sure cure for rheumatism, and is known by the name "wild arsenic." Kali phos., 2x or 3x, is of value in conditions manifesting numbness and tingling sensations of any part, with tendency to local paralysis. I have known it to give relief in cases of renal dyspnea. In opposite conditions, where there is spasmodic

action, for cramping of muscles of any part, magnesium phos., 2x or 3x, is indicated, and is a very certain agent. These two remedies may be given every ten or fifteen minutes, for immediate relief, or at longer intervals, say four or five times a day, and continued for weeks or even for months. Fl. ext. quebracho, in doses of from five to twenty drops, has given me some remarkable results in certain cases of dyspnea of nervous origin. Rhus aromatica is one of our most certain remedies in diabetes. Its influence is often enhanced when associated with glycerol of gallic acid. It not only controls the diabetes, but relieves in many instances the attendant nerve troubles. Specific avena, pulsatilla, phosphorus, rhus tox., and many others I might mention, I have used when indicated, with the best of results.

The question of diet in diseases of the kidneys is a most important one, and much might be said upon the subject. The quantity of food eaten as well as its composition has a marked influence upon the composition and quantity of the urine. Animal food naturally increases the nitrogenous elements of the urine, urea, uric acid, and the urates, while vegetable diet increases the carbonates and earthy salts. A concentrated diet reduces the quantity of the urine and relatively increases the acids. Conversely, milk, vegetables, fruits and all beverages increase the quantity of urinary fluid and lessens the density and acidity. There is but little if any dissenting opinion as to the deleterious effects upon the kidneys of a diet consisting largely of meat. The continuous passage through the kidneys of such meat products as urea, for example, for months, perhaps for years, cannot fail to produce serious structural changes in these organs. The effects of meat upon the kidneys, so universally admitted, is scarcely less than its effect upon the central nervous system. It will be observed that more cases of hysteria, neurasthenia, and other reflex nerve troubles are to be observed in those persons using largely of meat as a diet than among those adhering almost exclusively to a vegetable diet. Improvement in such cases almost invariably follows the exclusion of meat.

Less is said of the deleterious effects of food containing much sugar, and yet my observation bears me out in saying that the effects upon the kidneys of much sugar or other sweets, is bad. And may it not be in this direction we should look for the cause of so much kidney trouble? Too much meat as a diet, too much sugar and other sweets, enter largely as a cause of these ailments, and we will not have done our duty nor will we have obtained the best results possible from our treatment in this class of cases until we have advised and strongly urged proper habits of diet in this regard. Milk is an ideal food for the kidneys. A diet largely consisting of milk and vegetables, and continued for months and years, will afford the best results.

DISCUSSION.

Dr. M. M. Hamlin (St. Louis): I am reminded by this paper of a very interesting case that I had some time ago, a young married woman who had never been pregnant, whose previous health had been as good as most women of her age. She gradually lost the use of the right arm and hand—without pain, an apparent local paralysis of that arm. It extended over the

shoulder and to the muscles in the back of the neck. Her appetite was good; she slept well, but she could not use that hand to feed herself or comb her hair. She applied for treatment, and one of the first questions I asked her was, "How much urine do you void in twenty-four hours?" She said she did not know. I asked her if she voided as much as a half-gallon, and she said she did not. I said, "Suppose you measure the quantity of urine in twenty-four hours and bring me a sample." She did so, and upon using the test tube it registered zero. I said, "You have made a mistake and got the wrong bottle." She became very angry about it, but I tried to explain, and told her that certainly was not urine; it did not have the odor, it had the specific gravity of water, and I did not see how it could be called urine. After talking a little while, she assuring me positively that it was urine, she went away and I sent it to a chemist. After he had examined it he called me up and wanted to know what was the joke—sending him pure water to be examined. I told him it was urine, but he said it had no specific gravity, and he had even heated it and it had no odor. "Well," I said, "that absolutely is urine, and you go on and see what is the matter with it." He replied, "Your patient is in imminent danger of paralysis, the liver is absolutely on a strike. You get busy at once with that liver." I placed the patient on chionanthus and small doses of podophyllin, and sent her home. Two weeks afterward I examined and found that the amount of urine was a little more than half a gallon, the specific gravity 10.10; two weeks later the specific gravity was 10.15. In about six weeks it was normal and the patient is growing better, although the treatment has been continued. This patient had been at Hot Springs, had been to a number of specialists for nervous troubles of one kind or another. I only refer to this to show you the effect of specific medication and diagnosis.

I had another case, the mother of a child. She was taken last January with a pain in the left ear. It was a peculiar case, and I could not diagnose it unless it was Ménière's disease, and I doubted that diagnosis. It began with a pain in the left ear. This would come on in the morning, then about twelve she would have excessive nausea.followed with vomiting that would last for twenty-four to thirty-six hours, and the matter vomited was as blue as though it had been mixed with indigo. I did not know where it came from or what caused it. After one of these attacks she would be all right for three or four days or a week, and then the same thing would occur. The urine showed a specific gravity of 10.06, no albumen. In the other case there was no albumen or urea. I placed this patient on the same treatment. She is getting well all right, and has not had an attack for more than two weeks.

PRE-PARTUS PREPARATION.

J. B. Davis, M.D., Pontiac, Ill.

Preparation for parturition is a very wide field upon which I only hope to touch. The physical portion has for years been the study of physicians how to alleviate the pangs of labor and lessen the number of dire results following this physiological process, for such it is, has been the aim of most writers, the importance of which I would not modify, but there are other influences that are equally necessary, that the children may be, as some have said, "well born," and to which every one has a right to demand of the generations which have preceded them. I say generations which have

preceded them, because I believe the preparation of the mother for this important event, yea, the most important event of humanity, the bringing into life of a new being, endowed in a measure at least with the powers which will make for the future life of that being. Preparation of the parturient woman began with the first formation of society, yea, from the first creation of man began this preparation. Civilization and the demands of society have brought many pangs to the parturient woman. Yet how many heartaches are never recorded, caused by influence, drunken, sinful, debasing, upon the unborn world, causing imbecility, epilepsy, paralysis, locomotor ataxia, and a thousand things which might be mentioned, and which are visited upon succeeding generations, even to the third or fourth. The innocent suffer as well as the guilty.

Who can doubt the influence upon the unborn child, caused by the environment and surroundings of the mother? I have often made the remark, "Show me the baby, and I will display to your gaze what that mother has been for nine months," and I repeat it without fear of successful contradiction, although admitting the law of heredity of like producing like. The looks and peculiar characteristics of a nation of people are passed on and on through the ages without much change. Yet how often do we see the child born with facial expression and traits of character not belonging to either father or mother, but produced by influences, pleasant or otherwise, upon the pregnant woman?—and many times unjust censure and criticism follow such.

With this knowledge of the requirements nature exacts of those who fulfill her holiest mission, how grave the responsibilities and how careful we ought to be! Yet how different are the facts born of hate, malice, even murder, in the heart, and we act surprised to think murder happens so frequently. Who believes for one moment that a Washington, Lincoln or Wesley were the result of a single generation, yet the mothers of such are entitled to greater honors that any soldier in battle—yes, even General or Commander-in-Chief—and I say this with all respect to the soldiers. Few truly great men but will tell you they owe it all to mother. Yet how thoughtless and careless of these mothers are we! And how little we physicians are donig to enlighten the public upon these questions, vital as they are to those who must soon fill our places. Let us wake up to these facts, and as far as possible enlighten the people on this important work.

While the examples before the younger children are exceedingly hard to eradicate, yet I want to tell you the impression *in utero* as compared to these are as the indelible ink to the chalk on the blackboard. People want good and beautiful children. If so, they must pay the price, which should extend over generations, but must at least be particularly looked after by the mother, with the help of all of the family, and they should be friends for one year previous to birth.

What are the surroundings of the pregnant woman? Are they such as would cause envy, jealousy, hatred, murder, etc.? Are we contributing to these, or endeavoring to lessen them? It might be truly said of him

who contributes to the planting of these emotions in the heart of the pregnant woman, "Better for him had a millstone been hung about his neck and cast in the sea." We are being outdistanced by far by the stock-raiser, who is taking advantage of every fact known to science to perfect his stock, while humanity is allowed to be born unwelcome and grow up by chance.

People naturally turn to the physician for advice in these things, and are we doing our duty, or are we too busy making a living, or money, to take time? If so, at least tell them where they may learn by recommending them to buy Elizabeth Hamilton Muncie's "Four Epochs of Life," for ignorance is one great factor in this matter.

While reformers are crying with loud voices all over the world, setting forth their theories for the correction of all evils, I want to say they are insignificant as compared with the awful result due to the neglect of the expectant mother, because here lies the time and place when reform movements should begin, and their influences would be most easily and forcibly felt because of the plasticity of the material and lasting effects.

Let us therefore use every effort to care for the pregnant woman, contributing to her in every way, that her state *pre-partus* may be as near ideal as possible, thereby as much as in us lie help to overcome any untoward acts of preceding generations, and add to the endowment of the child that which is more valuable than gold or silver, and that when the gray hairs of age begin to creep in, reminding us that we are passing along in the onward march to that undiscovered country from whose bourne no traveler returns, we may have the happy reflection of having contributed something to the welfare of succeeding generations.

DISCUSSION.

Dr. Jones: That is a very excellent paper, but there might be more of it. I know it would do us good to discuss it, but I would like to hear Dr. Holmes' paper.

Dr. R. J. Lambert (St. Charles, Ill.): I knew we would get something good in Dr. Davis' paper. I think he has touched on one very important point, and that is giving advice to the expectant mother how to live during the period of pregnancy. He spoke of Dr. Muncie's book, which I have recently had the pleasure of reading, and it does certainly outline an ideal way of livnig. We cannot expect them all to live this ideal way, but we can help them by advice.

Dr. H. V. Blosser (Ft. Wayne, Ind.): I would like to ask Dr. Davis how he expects the mental impression to reach the child?

Dr. W. B. Church (Cincinnati, O.): I am obliged to say that in all my experience and observation I have not noticed the importance of this suggestion. I have come to the conclusion that the child *in utero* is not very much affected by the condition of the mother, provided she enjoys normal health; that the condition of her mind does not extend to the mental state of the child after birth. I must say that I enjoyed the paper very much; it was well written and well delivered, but at the same time it does not appeal to me, because I do not find it in accord with my own ob-observatoins and experience.

Dr. B. K. Jones (Kenton, O.): I wish to say that I have ample proof to overcome the skepticism of Dr. Church.

Dr. R. T. Rudd (Fulton, Ky.): With all regard for the long experience of Dr. Church, my judgment is that this is a good paper, the ground is well taken, and that it covers my experience exactly. I have watched carefully, and I find that it has a great deal to do with the mental condition of the child, the way in which the mother conducts herself during the period of pregnancy.

Dr. F. D. Sinclair (Oswego, N. Y.): After a great many years' experience and observation on these lines, I agree with Dr. Church, and I base my opinion upon such facts as I could obtain from the individuals, that the mental condition of the child and the physical condition of the child is determined definitely at the time of conception, the condition of the parents immediately preceding and immediately following that time. There the stamp is made, and the child is what he is formed at that time.

Dr. M. M. Hamlin: I want to say that that is one of the best papers I ever heard, and it is along a line that has been neglected, one that we ought to think more about. I think the remarks made in that paper we can well afford to take home with us and digest before we discuss them. The writer of the paper has thoroughly investigated this subject, and has matured these ideas before he put them on paper, and I am not in position to discuss the paper or find fault with it. I think it would be well to postpone discussion until we go home and think it over.

Dr. E. H. Stevenson: The thought occurs to me that if a child can be born with the elements of a noble life, with perfect form, without care and attention to environment, what may we not accomplish by embodying the idea of the chairman in future generations. It is not done in one generation. I think we ought to pay more attention to this. If impressions can be made in the lower animal kingdom and in the vegetable kingdom, as has been done by Burbank and others, let us devote more attention to the development and the environment of a higher race than our ancestors.

Dr. F. D. Sinclair: I had no idea of discounting the statements made by the doctor in his paper. Environment has a mighty effect; not an intelligent man will dispute that fact. The thing I contend for is this, that the stamp must be made right in the beginning. The die must be correct or the shape that follows after will be defective. You referred to stock-raisers. I say to you that there is not a stock-raiser in this country but gets his stock in proper condition before conception takes place in the animal. What I mean is this, that we should have the best environment before. If we do not have it we will not make the right stamp; the die will be defective; that which is produced will be like unto the die.

Dr. B. K. Jones: I would like to give an illustration. I found a child with a little ball in its hand, about the size of one of these little rubber return balls, and it was attached to the base of the little finger with an integument about six inches long. Do you suppose that was impressed upon the mother at the time of conception? I asked her how that occurred. She said all the explanation she could give was that the boys teased her so much with those rubber balls; they would throw them at her. Do you think that occurred at conception?

Dr. Church: I would not disparage the great importance of environment all the way through. I am a great believer in heredity. The child inherits not only from the father and mother, but from the grandfather and grandmother. The question I raised was that after conception has taken place the child begins its life *in utero*, and it is an embryo of what it it is to be, and what it is to be after that depends upon the nutrition it receives. But it will not be affected to such an extent as is represented in this paper.

Dr. J. B. Davis: I would like to mention one thing. I am full of this subject. I have studied and read it, and know what I am talking about. You want me to tell how certain things happen. I could mention thousands of things that we believe and still do not know how they take place. I cannot explain how the impression takes place, but it does take place; there are thousands of evidences of that before our eyes that could be produced. I think that cannot be denied, and while we cannot perfect in one generation, yet we can take steps that will give us results. I thank you very much for your interest.

OBSTETRICS FROM A SURGICAL STANDPOINT.

R. O. Braswell, M.D., Fort Worth, Tex.

Surgery in obstetrics has a broader field than one would think from a casual glance at this important branch of science. In fact, the delivery of the child in normal labor is mechanical and should always be done with as much asepsis as would be exercised in laparotomy. Those who neglect to follow surgical cleanliness in obstetrical work do so at the expense of the mother and child, also their reputation.

The proper time to use forceps depends on each individual case, but some general rules may be followed with safety. Should there be evidence of uremia or convulsions the child should be taken with forceps at once. Do not wait for dilatation, or to see if there will be a return of the convulsion, but deliver quickly. Many lives are saved at this stage by the prompt attention of the attending physician. Forceps should be employed when labor lingers, where the pains are becoming weaker instead of stronger, showing failing vitality. Forceps should be used when the head hangs many hours without progress in the bony structure. Either the head is too large to pass without assistance or the pelvis is flat. In all cases of heart or kidney lesions, forceps should be used early in the game.

Cæsarean section should be resorted to when the pelvis is flat or otherwise malformed to prevent the delivery of the child per vaginal route. This should be done as early as the conditions are discovered. It is a safe method of delivery to both mother and child when done before the patient is exhausted. I know of no other condition that would justify this operation.

Curettement should always be a part of the after-treatment when the flow is notnormal or has an odor. There is no excuse in this age to allow sapremia or septicemia, but when it does show symptoms the womb should be cleaned out and in advanced cases the abdominal cavity should be drained through the cul-de-sac.

Lacerations should be repaired either at the time of the delivery or within thirty-six to forty-eight hours; within twenty-four hours is better. The lacerated cervix can be closed with twenty-day chromic catgut, double. The perineum should be repaired with twenty-day chromic catgut, if re-inforced with silkworm gut, otherwise it is better to use only silkworm gut. Should septicemia develop, the repair work should be deferred until septic condi-

tions have disappeared. Do not neglect these lacerated cases, or the future is pregnant with many troubles for the patient, if for no other reason than these two—to prevent a nervous breakdown or the development of malignancy at the seat of laceration. Most malignant conditions of the cervix develop from neglected tears. All doctors have lacerations to occur in their practice and they will find them if they look. When a man says he has practiced obstetrics for many years and has had no lacerations, he is either mistaken or he has little regard for the truth. If repaired at the proper time the local and systemic results will be good.

Pernicious vomiting in pregnancy is a grave complication. It is the toxemia that kills the patient. It is not the position of the fetus in the womb that causes the reflex irritation of the stomach, *but the toxemia.* The toxemia may come from, and frequently does come from, other organs located along the vicious circle. The kidneys sometimes are at fault. Often the irritation of the stomach with profound toxemia comes from pathological conditions of the tubes and ovaries. Dilatation of the cervix will in some cases relieve the vomiting without producing an abortion. A small piece of gauze packed into the cervix (not into cavity of the womb) will sometimes relieve this distressing condition and allow the woman to go on to full term. In some cases the dilatation of the cervix or the forcing of a piece of gauze into the cervix will produce abortion. In others it will not. When your remedies have failed to relieve the vomiting; where the woman vomits water or any and all things, both liquids and solids, an abortion should be produced. If the vomiting cannot be controlled within one week the womb should be curetted. Do not hesitate to produce an abortion when necessary, but be sure it is necessary. Do not delay to see if the *patient can't pull through,* for too often they pull through the gates of eternity. Knowing when, and when not, to produce abortions is the most important phase of obstetrics.

It requires a splendid knowledge, coupled with experience and observation, to draw a distinct line of demarcation between a woman who is playing a part to get an abortion produced by an unwary doctor and one who is in danger of dying from toxemia. In all cases of true pernicious vomiting in pregnancy, toxemia is a paramount condition. *It is always present.* These cases are all surgical. One of the surgical routes should be resorted to early, that the life of the woman may be saved. The older I grow and the more varied my experience with this dangerous condition, the more decided I have become about producing abortions. In a few cases we have been able to relieve the patient and save the child by dilating the cervix without entering the cavity of the womb. In a few cases the packing of gauze in the cervix relieved the condition immediately, but if you probe into the womb or push the gauze into the cavity, an abortion is sure to follow. In these cases where the uterus is healthy and you suspect the pathological lesion to be elsewhere in the pelvis, open the abdomen and inspect the tubes and ovaries. In four cases where the mother would not consent to abortion I opened the belly and found in each case bad ovaries, or tubes, one or both. In one case the left

ovary was large, misplaced downward and cystic. The tube on the same side was inflamed. I removed the tube and ovary. The vomiting ceased and the patient went on to delivery. In another similar case the fimbriated extremity of the tube was adhered to the posterior wall of the pelvis and was the seat of the pedicle of a small cyst. The ovary was also cystic and degenerated. Removed tube and ovary and patient went on to full term without further trouble. In one other case both tubes and ovaries were affected. Removed these organs, with immediate cessation of vomiting and toxemia. In the other case I removed the right ovary and appendix. The woman was relieved of all distressing conditions. The baby was born the first day of last August, and they named him in honor of your humble servant.

There is a broad surgical field in toxemia of pregnancy that has not yet been developed.

CONSERVATIVE GALL-BLADDER SURGERY.

William L. Heeve, M. D., Brooklyn, N. Y.

Every addition to the present technique of gall-bladder surgery should aim to do what is most essential for an uncomplicated recovery and the return of the patient to his normal health.

Therefore, our surgery must be conservative, but our conservatism should be timely; for where radicalism is most essential, as in malignancy, then the plea must be made for the opposite extreme.

The needless sacrifice of an organ, just because it is slightly hypertrophied or shows indications of irritation and ulceration of its mucosa, is radicalism carried to the extreme.

We have witnessed in cholecystectomy, where a post-operative obstruction of the common duct, due to trauma, has produced a rupture of the stump of the amputated cystic duct, accompanied by a free flow of bile through the drainage-tubes for a period of many weeks, how eventually nature will re-establish a flow through the common duct and a closure of the rupture in the cystic stump. Such clever work of nature is often seen, and should teach us that nature will often respond if the surgeon will but aid and not destroy.

Where there is a long history of hypertrophy with much tissue destruction or metamorphosis, then it is needless to try saving the bladder.

It is common practice to remove the gall-bladder when the walls show thickening and stones adhere to the mucous membrane about the valve of Heister. Even at the present writing some authors claim that the bladder should be removed in simple obstruction of the cystic duct due to impacted stones, claiming for their argument the prevalence of malignancy following long periods of irritation.

After a careful deduction of the many reasons put forth by various authors in the conservation of this organ and from personal experience in many cases of gall-stones, cysts and various other pathological conditions

presented in the gall-bladder, I have worked out a plan of treatment which has given most excellent results.

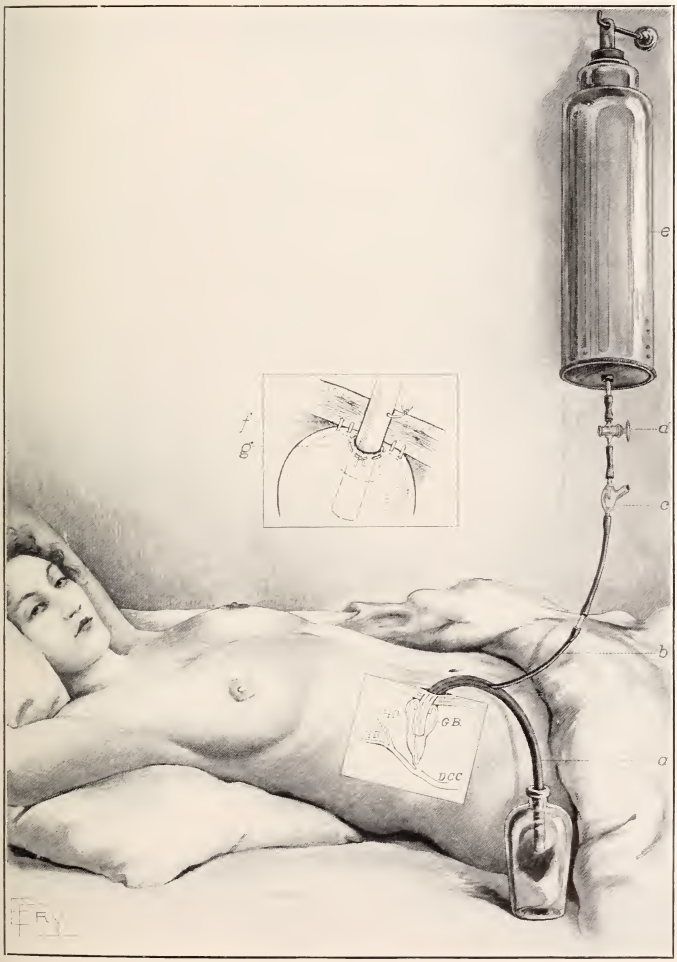
Cholecystostomy is the operation of choice, *except* where the cystic duct is so crippled that it cannot be dilated so as to regain its function. These cases, however, are the exception and not the rule. In cases where a few stones are found, drainage and saline irrigation will suffice. Where a large number of stones are found with impaction of the cystic duct, and upon the removal of same we find much destruction of the mucous membrane, but still a patent and serviceable cystic duct, much can be accomplished by the treatment, as will be suggested in this essay.

Cystic conditions with pronounced enlargement may demand amputation of the fundus of the gall-bladder, and if it is possible to regain a passage through the cystic duct and common duct this also will respond to conservative treatment.

The plan of treatment which has given such good results is the constant irrigation with normal salt solution through the gall-bladder, cystic and common ducts, thence to the duodenum. It is most essential that we first remove all obstruction in the biliary ducts, and especially the concretions that have accumulated along the walls of said ducts. It is my custom to use the proctoclysis apparatus as described in my paper before our last meeting at Boston. The only change required in the usual method of drainage is the insertion of a narrow—about one-eighth inch—rubber drainage tube or a number 6 (Eng.) rubber catheter (converted into a drainage-tube by cutting off the tip) through the gall-bladder, passing the valve of Heister, into the cystic duct. The end of the tube inserted into the duct should be perforated. This tube is carried through the usual drainage-tube, said drainage-tube being anchored to the incision by iron-dyed linen thread sutures. The outer drainage-tube acts as a sleeve and allows drainage from the gall-bladder. The inner tube is passed through a perforation of the outer tube and connected to the dropper of the apparatus, while the outer drainage tube is passed into a collecting flask, as advised by the Mayos. The usual strip gauze and gauze drains about the gall-bladder are placed as in the usual technique.

In cases showing marked symptoms of general infection, extensive cholangitis and acute inflammation extending up to the liver, it is best to allow the free drainage through the tubes to continue until the bile becomes thinner and symptoms of infection abate; then we can begin a continuous irrigation as described below.

After the patient has been returned to bed and recovering from the effects of anesthesia, the caloris bottle is filled with a liter of saline solution at 140° F. with half a drachm of adrenalin solution added to the first liter; then the outlet tube of the dropper is connected with the inner rubber irrigating tube—that which passes to the cysic duct—and a flow of about ninety drops per minute is started and continued for a period of four hours. After an hour's interval of rest, the saline solution, used plain, is continued for another hour, and so on for about twenty-four to forty-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eight alternating hours of flow and rest. After the third day the flow is continued at every sixth hour and allowed to flow for a period of sixty to ninety minutes. Care should be taken not to over-saturate the patient, as the duodenum will absorb saline rapidly. The adrenalin solution is employed to reduce the inflammatory reaction of the tissues, due to operative interference, and by its absorption in the duodenum to act upon the circulatory system.

The usual duration of irrigation is from six to eleven days. In some cases we are compelled to continue irrigation twenty-one days. The caloris bottle container is placed so that the dropping bulb is eighteen inches above the bed, and care must be exercised in the amount of pressure produced by the flow of the liquid, as too high pressure or too rapid flow will cause pain similar to a biliary colic. In cases where we wish to obtain the dilating effect upon the constricted ducts, we must place the caloris bottle container from twenty-four to thirty-four inches above the patient to secure a continuous flow of fluid, and the container bottle should be connected directly with the irrigating tube without the intervening dropping bulb.

If the common duct cannot be made patent, we can always perform a secondary cholecystoenterostomy. The secondary operation is safer, for by drainage and irrigation the hepatic and cystic ducts have been freed of a large amount of toxic material.

This form of treatment has restored to normal action many gall-bladders that seemed doomed to destruction. It will reduce the bleeding granulations so often found upon the mucous lining of the gall-bladder.

The advantages of this form of treatment are:

1. Saving of the gall-bladder.
2. Reducing the inflammatory reaction.
3. Irrigating and dilating the ducts, thereby keeping them patent.
4. Stimulating rapid repair by a constant flow of warm saline solution.
5. Conveying medicated solutions to the upper intestines to remove the cholemia.
6. Stimulating peristalsis, thereby expelling gases and fluid.
7. Removing the post-operative toxemia and vomiting.
8. It will moisten the tongue, quench the thirst and increase the urine.

There are a few complications which need mention, such as skin irritations and edema produced by sodium chloride where there are idiosyncrasies, or due to over-saturation of the system with this salt.

Description of the Illustration.

This illustration is simply to show the position of tubes and the irrigating caloris bottle. No drainage gauze is shown in the cut, as it would obscure the detail of the technique.

a, Drainage tube from gall-bladder to flask.

b, Irrigating tube or catheter from container, through a tight, constricted opening in the drainage tube (*a*), thence into the gall-bladder down to the cystic duct.

c, Dropping bulb. The lateral outlet, having a cork stopper, can be used to convey a nutrient fluid, such as liquid beef tea, peptone, etc., to the duodenum, when such artificial feeding is required.

d, Glass stopper.

e, Caloris bottle, with a metal container and an outlet at the bottom.
f, Sutures, anchoring the gall-bladder to the peritoneum and abdominal wall.
g, Purse string sutures about the opening in the fundus of the gall-bladder, with the edge turned in so as to form a cuff about the tube.
G.B, Gall-bladder.
D C, C, Common duct.
H D, Hepatic duct.
The container and dropper, with a glass stopper is the same as I employ in my method of proctolysis, and is manufactured by E. Machlett & Son, 143 East Twenty-third Street, New York City.

LOBELIA HYPODERMICALLY IN THE TREATMENT OF ASTHMA, BRONCHITIS, PNEUMONIA, TUBERCULOSIS AND COUGHS.

FINLEY ELLINGWOOD, M.D., CHICAGO, ILL.

For a number of months past the author has collected, from his own constituency and through the assistance of Lloyd Brothers Company, of Cincinnati, all the facts determined by the most recent observations concerning the action of lobelia used hypodermically. From these reports he has prepared a complete article, which, because of its length, he has divided into ten parts, and these he has distributed in the order named to the following journals for publication:

"General Statements Concerning Its Introduction and Its Use in Diphtheria, Croup and Tonsilitis, *Eclectic Medical Review,* New York, N. Y.

"Its Use in Asthma, Bronchitis, Pneumonia, Tuberculosis and Coughs," NATIONAL QUARTERLY, Forest, O.

"In Heart Troubles, Acute Failure, Angina and Hysteria," *American Medical Journal,* of St. Louis, Mo.

"In All Convulsive Diseases, Including Eclampsia, Epilepsy and Tetanus with Locomotor Ataxia and Brain Storms," *Ellingwood's Therapeutist,* Chicago, Ill.

"In Gastric Disorders and Intestinal Disorders," *The Forum,* Kansas City, Mo.

"In Toxemia of All Kinds, Asphyxia, Syncope, Heat Stroke, Cerebral Concussion, Apoplexy," *Eclectic Medical Journal,* Cincinnati, O.

"Spinal Meningitis, Congestive Disorders, Ovarian Pain, Rigid Os, the Puerperium, etc.," *California Eclectic Medical Journal,* Los Angeles, Cal.

"Full General Remarks Concerning the Physiological Action of Lloyd's Hypodermic Lobelia," *Journal of Therapeutics and Dietetics,* Boston, Mass.

"A Reprint of the Laboratory Observations of Roberts Bartholow on Hydrobromate of Lobeline, Made by the Lloyd Brothers in 1886," *Medical Gleaner,* Cincinnati, O.

"A General Summary of Observations and Suggestions," *The Outlook,* Kenesaw, Neb.

ASTHMA.

Among the early uses of lobelia was its use in asthma. Professor Whitford, fifty years ago, depended upon this remedy by the mouth, and expected immediate relief in simple spasmodic cases, and some benefit in

all cases. I well recollect a case of spasmodic asthma, in which the writer gave a teaspoonful, where an old lady with complete facial cyanosis, on the verge of collapse, was relieved within ten mniutes, and needed no other remedey. All the old doctors are unanimous in their statements concerning the prompt action of lobelia in spasmodic asthma. Its hypodermic use accomplishes all the results that were claimed for it by its use by the stomach in this disease, in a more satisfactory manner. At the same time its general stimulating influence is more apparent.

Among the individual reports we have one by Dr. Frank Webb, of Bridgeport, Conn., in *Eclectic Review,* December, 1908, in which he reports a case of asthma that was relieved satisfactorily by the use of fifteen-drop doses, three doses of hypodermic lobelia being given two hours apart.

In another case he also relieved a patient of asthma by giving only five drops of lobelia hypodermically. A week later he treated another case, and gave ten drops only, with complete relief in fifteen minutes.

Dr. Liessman, at the Illinois State meeting, said: "In cases of asthma I have given it in teaspoonful doses by mouth and got results in fifteen or twenty minutes. One case, a woman about forty years old, would throw herself out of bed, suffering agonies from the paroxysms, and simply could not get any air. I tried the hypodermic in her case, but it did not work so well, but I have given her teaspoonful doses of Lloyd's specific medicine by the mouth, and always get results. There was no vomiting."

Dr. Ribbans, in acute asthmatic attacks, has obtained immediate results with fifteen-drop doses of lobelia hypodermically. The doctor has had no pain from his injections, because he treats the needle, the syringe, the parts and the skin with extreme antiseptic measures, and uses a few drops of a weak solution of cocaine, injecting the medicine directly into the muscle.

Dr. Waddington, on page 336 of *Ellingwood's Therapeutist* for September, 1910, makes an excellent report of the use of lobelia in the successful treatment of asthma. He gives it both hypodermically and internally, according to the indications.

Dr. Vance, of Somerset, Ind., in an exaggerated case of acute asthma gave thirty drops hypodermically of lobelia. There was some benefit almost immediately. In less than an hour fifteen drops more was given, which produced complete relief. In the treatment of bronchial asthma he thinks lobelia only works well where there are no heart complications, and much the best in spasmodic cases. He has treated a good many cases, and, using this remedy as routine treatment, he has found nothing better, but heart cases, with other indications, must be treated with the indicated remedies.

Among other reports received, bronchial asthma has been relieved in six reported cases. Four were extremely severe and four were permanently benefited. One complained bitterly of the local effects. Hypodermic lobelia was used, and the pain and extreme soreness were so great

that he refused further injections after the third or fourth. There was only temporary relief in this case, and there was no nausea. In one case there was some nausea after the first injection.

BRONCHIAL ASTHMA.

Dr. Warner treated a case of a man aged forty-seven, with bronchial asthma, high fever and chronic bronchitis, with hypodermic lobelia. The dyspnea was extreme, skin cool. He came to the office with a paroxysm of difficult breathing in which it seemed as if it were impossible to get another breath. He gave three drops of lobelia hypodermically. This gave satisfactory relief, but there was nausea, vomiting and much weakness. In four days he had another paroxysm, but dreaded the nausea and vomiting from the hypodermic injection. He was given only two drops, which produced the same effect, but he has had no return of the condition since October, 1910. This dosage seems hardly sufficient to accomplish any results.

Another man, aged fifty-seven, with bronchial asthma which followed an attack of rhinitis and bronchitis, had had two attacks of asthma before. He was suffering greatly from the oppression of the breating. He was given a teaspoonful of hypodermic lobelia. In an hour he was able to lie down, and rested easy all night. At nine o'clock the next morning he had another attack, which was immediately relieved by the hypodermic injection. There was no nausea whatever from the larger doses of this remedy.

Dr. Waddington treats bronchial asthma with hypodermic lobelia, followed by specific gelsemium. He thinks he gets more permanent results by using the two remedies. He does not find much benefit from the treatment of cardiac asthma from the lobelia. He says: "I have obtained the physiological effect of gelsemium on these cases of asthma, without any influence on the asthma where lobelia was not given, and, on the other hand, I have administered lobelia with no effect on the asthma until both remedies were given together; especially is this true of bronchial and spasmodic asthma."

Dr. Alderson, at the Illinois State meeting, said: "I had the experience of treating one case of asthma with lobelia, and can report good results. A lady about fifty years of age was subject to these attacks two or three times a week, partly cardiac, partly bronchial. I started on fifteen drops of Lloyd's specific, but it was so irritating that it caused an abscess, and I stopped it and used the special preparation of non-alcoholic hypodermic lobelia, and that seemed to cause no trouble. I first started with three injections a week, and she gradually improved. After three weeks I used it twice a week, and then every other day, and the asthmatic trouble was almost entirely eliminated. I used some internal remedies in conjunction, but this case got along fine. Another old lady of eighty I found leaning over a chair, breathing as though each breath would be the last. I used about thirty drops hypodermically, and in a few minutes she was breathing as well as I am now. I have used it in another case or two of asthamatic trouble

and also cardiac trouble, where there would be complaint of constriction over the chest. It acted very promptly in relieving this condition. The majority do not complain of irritation any more than from any other injection hypodermically. I think we will do well to try this where there is complaint of constriction over the chest. I have never tried it in pneumonia or diphtheria, but should I have a serious case I should certainly try it, as I believe I would get prompt results from it."

ASTHENIC BRONCHITIS.

Dr. Webb gives five drops only each day as a hypodermic dose in asthenic bronchitis of children, and finds it of much benefit in the treatment.

A case of capillary bronchitis is reported by Dr. Webb, June 10, 1909, in which three injections were given five hours apart. Dose not stated, but it was more than five drops.

BRONCHITIS.

In a case of bronchitis this same physician had, as a complication, laryngeal spasm and obstructed breathing, which threatened immediate death. This was relieved at once by hypodermic lobelia, ten drops repeated after a few minutes.

There are many indications in *bronchitis* for this remedy. In very small doses diluted, it was recommended by Scudder and the older practitioners as specific in bronchitis, and all of those of us who learned to treat this disease successfully thirty or thirty-five years ago, would combine eight to twelve drops in a four-ounce mixture with aconite or belladonna, and with the compound lobelia powder, now largely replaced by libradol, over the chest, and the use of heat, we would expect to get perfect results. Those who are using hypodermic lobelia in acute bronchitis at the present time gave from five to ten drops twice a day, with improvement from the first dose, and but very few if any unpleasant results, even in the smallest children. The reports are uniformly favorable in this disease.

PNEUMONIA.

Where we have extremely satisfactory results in treating pneumonia, and especially pneumonia in children, with our specific remedies *per orem,* there are many conditions in which we find lobelia hypodermically a most valuable remedy, and when from any cause, from complications or because the case is protracted before brought under the specific treatment, lobelia is a most dependable acquisition. Dr. F. E. Thornton, of Chicago, makes the following statement: "In a case of pneumonia in a child, where the lung is rapidly filling up, the heart is beginning to dilate and we need stimulation; where the child is beginning to breathe hard, and it becomes cyanotic, inject ten to twenty minims hypodermically and you will notice a rapid clearing up of the condition. I have tried it on several whom I think would have died had I not used it."

Dr. Jentzsch says: "Since beginning the use of lobelia hypodermically I have used it in every case of pneumonia in any form, and I am confident

that it comes as near covering all the conditions involved as any other one remedy could possibly come. It antagonizes the local stasis, moves the total blood quantity rapidly, very materially increasing oxygenation. It strengthens the heart's action, slows the respiration and reduces the force and violence of the pulse."

In acute cases of pulmonary congestion he puts the patient into a hot bath, or wraps him in hot wet blankets, inducing perspiration as quickly as possible. He claims to have no need of any other treatment in many cases.

Dr. G. R. Wright reports a case of pneumonia in an infant of four months. On the sixth day the temperature was 105°, pulse 160, respiration 60, extreme cyanosis. He gave fifteen minims of specific lobelia hypodermically. Within an hour there was quite apparent relief. He advised fifteen drops to be given every two hours. The improvement was not rapid, but was satisfactory up to the twenty-second day, when there was a relapse, temperature 105°, pulse and respiration too rapid to count, incessant coughing, cyanosis marked. He injected twenty drops of lobelia, which had an immediate, sudden effect. In about two hours, the restlessness, returning, fifteen drops were injected. This was repeated again in two hours. During the early part of the last day fifteen drops more were given, and the medicine was continued internally. Although the case was prolonged, the patient was cured.

Dr. Galford, in *Ellingwood's Therapeutist,* reports the treatment of a case of pneumonia in a woman forty-seven years of age. After fourteen days of advancement in the disease without benefit, all symptoms being exceedingly serious, he gave fifteen drops of specific lobelia hypodermically every six hours. On the second day he increased the dose to twenty-five drops. Between the second and third days the improvement was very rapid and eminently satisfactory both to the patient, physician and friends. There were no unpleasant effects whatever from the lobelia.

CATARRHAL PNEUMONIA.

Dr. J. M. Wells, Vanceburg, Ky., reports the hypodermic injection of one dose of ten drops at three o'clock in the morning, fifteen drops at six o'clock and twenty-five drops at noon, in a very weakly infant, four months old, suffering from a severe form of catarrhal pneumonia with cerebral complications. The temperature was 104°, respiration above 50, pulse too rapid to be counted. The head constantly rolled from side to side, and a fatal termination was apparently inevitable. Twenty-four hours after the first injection the temperature was reduced to 100°, pulse 100, respiration 35, child sleeping quietly, no indication of nausea. A subsequently rapid recovery. No other medicines used during the time of the injections.

BRONCHO-PNEUMONIA.

Dr. C. B. Dean, Wakenda, Mo., in a letter dated February 2, 1910, reports giving forty minims of the specific medicine to a child eleven months old in broncho-pneumonia where suffocation was nearly complete. The

breathing was improved in fifteen minutes. There was no nausea or other unpleasant symptoms. The patient was out of danger in thirty-six hours. Only one dose is reported as having been given.

Dr. W. M. Warner, in *Ellingwood's Therapeutist* for April, 1911, reports a case of broncho-pneumonia, temperature 104°, pulse 180, extreme cyanosis and threatened heart failure. He gave about one drachm of lobelia hypodermically in the morning. At four o'clock in the afternoon the temperature had dropped to 101°; the pulse was 120. The next morning there was no change in the conditions of the previous evening. Injections were given twice a day for four days, but the patient died from heart failure, which was a very marked condition when the injections were begun, at which time she was so near death that it seemed as if nothing would prolong her life.

SENILE PNEUMONIA.

Dr. J. B. Davis, of Pontiac, Ill., had not used lobelia as enthusiastically as some. He says: "I have lately had some very good opportunities to observe its use in the pneumonia cases of very old people—senile pneumonia. In the last few months I have had a few of these cases. I formerly looked upon it as a depressant, and was afraid to use it with these old people, but lately I have learned that not giving the dose too large we get a stimulating effect that is desirable in these cases, helping the heart's action, increasing its force, and, it seems to me, overcoming heart failure, which is one of the troubles in pneumonia. That is the only special action I have noticed in it since called upon to use it."

TUBERCULOSIS—PULMONARY.

Dr. Baldwin, of Niles, Mich., confirms this opinion of Dr. Jentzsch by his own observations as to the general improved tonicity, without whipping up effects, as hereinafter stated, on cases of tuberculosis in which he had used hypodermic lobelia as auxiliary to other treatment. There was a gradual advancement in the tone and character of all the functions of the body that he hesitated about calling it a mere stimulation, because of their apparently more stable character. Baldwin uses this remedy to improve the respiration and oxidation of his patients, and considers it of first importance for this condition because of the improvement observed in the other functional organs at the same time.

Dr. C. D. W. Colby, of Dillsboro, N. C., used lobelia in a case of tuberculosis in an advanced period of the third stage. The pleasing influence of the injection upon the circulation; the satisfactory soothing of the nervous system, and change in the character of the sputum, was about all that the doctor noticed. Four injections of non-alcoholic lobelia were given of from fifteen to thirty drops. The last one, of fifteen drops, produced some nausea, but no great degree of depression.

WHOOPING COUGH.

In the treatment of whooping cough Dr. Jentzsch had one extreme case which he saw in conjunction with two other physicians because of the vio-

lence of the spasm which occurred in the throat and the apparent immediate danger of a fatal termination from suffocation. The paroxysms would occur every thirty or forty minutes, the throat would bleed violently, the patient becoming cyanosed and choking. All food was refused; the patient was prostrated until each spell of coughing would seem to threaten a fatal ending. He advised the other doctors to allow him to administer one-half drachm of lobelia and watch the results.

It was given just as the child was threatened with an attack of the cough. The attack was aborted, the patient breathed easier, discoloration of the countenance abated, and, as no other attack threatened, he withdrew. He was subsequently notified that the patient did not have after that a single hard attack of coughing, and soon recovered from the total condition. He was himself greatly surprised at the perfect results obtained.

This remedy would seem to be especially available in whooping cough We have but few reports, however, concerning its use. It would be especially indicated in the cases represented by Dr. Jentsch's case above, in which here was extreme prostration, but because of its influence upon the capillary bronchial circulation and the circulation of the lungs, and because of its antispasmodic effect, it is certainly directly indicated, and I would suggest that it be used in small doses twice daily, whatever the condition, until correct observation can be made, and occasionally in the evening just preceding one or two paroxysms. I am inclined to believe that it will abort the paroxysms and greatly increase the period between them. Its anodyne and soothing influence given thus in the evening should conduce to a more profound repose, prolonging sleep and thus interfering with the occurrence of the coughing spell. I should use it in these cases with positiveness and with faith.

PROTRACTED COUGH.

Every physician meets cases of protracted cough. There are certain of these which are found with much relaxation of the broncho-mucous membranes, with general lack of tone on the part of the patient, with feeble heart action and feeble pulse, with suppressed respiration, sensation of constriction around the chest, other than that of asthmatic origin. These indications are plainly those which are overcome by hypodermic lobelia, and observations must be made concerning the action of the remedy in this class of cases, selecting the time for injection with reference to any periodicity in the appearance of the condition that may obtain, and with reference also to other conditions, repeating the injections as seem to be indicated, but with a reasonable degree of fearlessness, anticipating only good results.

Other bronchial and pulmonary conditions should be carefully studied, observing the action of the remedy with reference to the condition in hand very carefully, reporting with exactness.

SUMMARY OF ONE THOUSAND CASES OF OBSTETRICS.

S. M. Sherman, M.D., Columbus, O.

I have thought that it might interest this Association to have me present a summary or recapitulation of one thousand cases of obstetrics of which I have kept some record, not, however, a perfect one, for I, like some others you may know, have been too busy or too careless at times.

The 1,000 births produced 1,019 children; 490 were males, 492 females, leaving 37 whose sex was not recorded. There were 19 pairs of twins. Of the 38 children 24 were males, 14 females; 9 pairs were males, 4 females, while 6 pairs consisted of a male and female each.

In 586 cases in which the presentation was recorded, 562 were of the upper pole, 24 of the lower. In 383 of the upper pole the position was L. O. A.; in 118 it was R. O. A.; in 15 L. O. P; in 4 R. O. P. In 2 the arm or shoulder presented. Two were right mento-iliac, 2 right mento-sacral, 2 brow, while 2 were recorded simply as face presentations. In 24 presentations of the lower pole 14 were L. S.I., 3 R. S. I, 1 R. S. S., while 6 were recorded simply as breech presentations. I had no case of triplets.

The heaviest child I weighed accurately was 13¾ pounds. I saw some *estimated* to weigh more.

Of 806 children recorded, 279 were the first child; 180 the second; 110 the third; 83 the fourth; 49 the fifth; 39 the sixth; 19 the seventh; 20 the eighth; 12 the ninth; 5 the tenth; 4 the eleventh; 1 the twelfth; 3 the thirteenth; 1 the foureenth and 1 the fifteenth.

Chloroform was given to a greater or lesser extent in 316 cases of the 1,000. Of these, 63 times were in the first 500, 253 times in the last 500. In the last 100 cases it was given in 53.

Forceps were used in 130 cases, 5 times in the first 500 and 125 times in the last 500. Familiarity with their use perhaps accounts for their more frequent use in the latter cases. In the last 100 cases they were used 32 times. Many times the traction required was very slight, the mere presence of the forceps seeming to excite contractions.

Podalic version was performed in 9 cases, cephalic in 2.

In 49 cases the child was born previous to my arrival.

Placenta previa was encountered in only 3 cases of sufficient extent to be serious, some partial cases not being taken into account.

Eclampsia occurred in 3 cases only, but all recovered under the administration of veratrum and chloroform.

Post-partum hemorrhage was not extreme in more than 7 cases, none of which proved fatal, though in 3 the blood ran through the bed and across the floor for several feet.

Day or Night—In 732 cases in which the time of birth was noted, 355 occurred between the hours of 6 A.M. and 6 P.M., *and* 377 between the hours of 6 P.M. and 6 A.M.

Still Births.—There were 21 still births, 14 of which were premature and included those which had died and were decomposing in utero.

The cord has presented many variations in length, from six inches to five feet. Several times knots have been found. In one case there were three knots. In none, however, was the knot tight enough to destroy the child. The cord was sometimes extremely thin and at others quite thick and much twisted.

Placenta.—I think I have met with all the varieties of placenta mentioned in text-books, some of which are the battledore placenta, irregular lobes, accessory placenta, velamentous attachment of the cord, etc. In one case of twins of seven months' gestation the placenta was one large one with a tendinous ridge about the middle, but the sacs were separate. The cords were not given off from the placentas, but on one side the vessels forming the cord were separate and were enclosed between the membranes for three inches beyond the edge of the placenta, when they united into a cord. At the other side the vessels united at the edge of the placenta, but continued in the membrane for some distance before separating from it. I have met with very large placentas and also with very small ones.

I hope I have not needlessly taken up your time with what may seem commonplace to you, but that what I have said may recall some of your experiences and excite some discussion, and maybe have some little value in a statistical way.

STRICTURE OF THE ESOPHAGUS.

O. C. Welbourn, M.D., Los Angeles, Cal.

Stricture of the esophagus may be induced by a local pathological condition or by a disease in more remote parts. In the latter event it is called hysterical or reflex stricture, and the finding of the organ which is the primary seat of the disease often proves to be a complicated as well as interesting search. But inasmuch as this article is written for the Surgical Section, we shall confine its limits to the actual local disease.

Stricture of the esophagus is not often met; in fact, it even has been said to be a rare disease. The symptoms that the patient relates, in an incipient case, are few indeed. He complains only of a difficulty in swallowing a large bolus of food. There is no pain, no tenderness, no swelling. He feels that there is an obstruction, and that is all that he knows about it. Therefore we proceed with the physical examination, keeping in mind that such a condition, if actually existing, is caused by but three diseases—traumatisms, syphilis and carcinoma. If in the past he has accidentally or otherwise swallowed a corrosive poison, such as lye or carbolic acid, he will probably acknowledge it. But if he has had syphilis, he probably will not acknowledge it, and the examiner must find the evidence for himself. Should such evidence be lacking, then we have a malignant disease, and further proof may be found in the induration of the lymphatic glands supplying the part and a little later the characteristic cachexia. The diagnosis having been made, the prognosis and treatment immediately become ob-

vious. For a contracting cicatrix following a burn the daily passage of a bougie or a forcible divulsion under anesthesia, with the temporary wearing of a rubber tube, is the proper method of procedure, and the prognosis is quite favorable. For a cicatrix following a syphilitic ulcer the same procedure is advisable, and the prognosis is again favorable, provided that adequate antisyphilitic remedies also be used. For a malignant disease the same procedure is no longer advisable, even as a palliative treatment, and the prognosis is no longer favorable. This is a grave affection and death approaches. The treatment is essentially palliative, and it is our custom to immediately alleviate the pangs of hunger by doing a gastrostomy. The operation is easily and quickly performed and the results most gratifying to the patient. The pain induced by the effort to swallow food vanishes, and the patient becomes cheerful if not hopeful. On the other hand, a radical operation may be done. Fortunately, carcinoma of the esophagus may be confidently expected to appear in or near one or the other of its orifices, which makes an operation possible. Such operations are difficult to perform if the patient is expected to with stand the shock, and a recurrence is almost certain. The reputation of surgery is greatly harmed by such extreme measures. It is much more creditable to the surgeon to do a palliative operation and let the patient live as long as may be.

APOCYNUM CANNABINUM—INDIAN HEMP.

A. J. Crance, M.D., Los Angeles, Cal.

This agent has always held a conspicuous place in my medicine case, and I recollect of it in that of my preceptors; hence it is no stranger. It also is favorably credited by members of the Allopathic fraternity who aim to keep in touch along lines of the plant productions, and is spoken of as the "vegetable trocar." From this we infer it has power to remove serous fluids from the bodily tissues. That it will often accomplish this is no idle dream, but a verification demonstrated to satisfaction among those who make legitimate use of it for this purpose. The early teachings received were, that it was a remedy for edema of cellular tissues and for dropsy; and, whilst in the main these conditions are a reminder, they are not necessarily a fact. Edema and dropsy are but symptoms demonstrating nature's adverse processes under certain dissimilar circumstances; therefore, much of the prestige which our remedies should hold becomes discredited because of their indiscriminate application and the assumption of a cure not warranted from or due to any form of medication. Recently I observed a statement in which the author held forth a cure in a case where edema of the lower extremity followed some slight mechanical injury about the pelvis, forgetting the part the temporary obstruction to a return circulation had in the production of the edematous process and ascribed a cure to the use of apocynum. Such and other like instances are not just to the remedy and prove misleading to the doctor.

Apocynum can. in its physiological action influences primarily the heart and circulatory system when given in small doses of one or two drops hourly. Its effect upon the heart thus given is to slow its frequency of pulsation when rapid and increases its force or contractile power, resembling in this regard digitalis. but eliminating its vaso-constrictor and cumulative sequences. In large doses of twenty drops repeated it occasions vomiting and catharsis, both undesirable states, for the reason of possessing better agents to induce either action if desired; besides, when administered in large doses, the stimulating results upon the heart and circulatory system is lost with the assumption of the opposite effect, that of vaso-motor depression, relaxation and diaphoresis.

That apocynum can. has the virtue of lessening or removing serous effusions from the tissues and cavities of the body has been illustrated too frequently to admit of doubt. We cannot attribute this to its cathartic effect as occurs with some of the hydragogue cathartics through a process of osmosis or draining off through the intestinal tract, for the reason that a lessening or disappearance of the effused fluid takes place without this feature becoming manifested. Therefore we conclude the result to follow is in consequence of increasing the action of the absorbents and adding tone to the vessel walls. Whatever influence it possesses as a diuretic, we believe to accrue from its power of raising the blood pressure of the renal circulation.

Therapeutically apocynum can. is not a typical remedy for so-called heart diseases, except that it qualifies in certain states and conditions of that organ and the circulatory system when atony of muscular structures is present or laxity of the vessel walls favoring the transudation of watery elements and their accumulation in the bodily tissues. It is not to be compared with digitalis in valvular heart disease and periods of broken compensation, though it otherwise resembles that drug somewhat in action. It does not compare with strychnia as a universal tonic to the muscular system, neither has it the vaso-dilator features possessed by nitroglycerine, or the direct effect upon the heart muscle of strophanthus. In other words, apocynum stands in a class of its own that will not bear substitution for similar results through any other agency. It is not my purpose to name diseases in which this drug is employed, for as I before mentioned we are not treating names, but conditions, and when these are present apocynum will fulfill its part in a way that will not disappoint either physician or patient. My past experience in the use of this drug has been, as with all others of the fluid preparations, those of Lloyd's manufacture.

HYDRANGEA.

T. D. Hollingsworth, M.D., Akron, O.

Very little has been written on hydrangea. The drug was introduced to the profession by Dr. S. W. Butler, of Burlington, N. J. It is claimed that the Indians have used it in some urinary difficulties. The Homeo-

paths in using it have used the large doses and claim to have obtained good results. In large doses it produces dizziness and oppression of the chest. It is diuretic, cathartic, sialagogue and narcotic. It has, according to Homeopathic authority, a predilection for the neck of the bladder. The specific indications for its use are deep-seated pain over the region of the kidneys; irritation in the bladder and urethra, with alkaline urine, with the phosphates of calcium, magnesium and ammonia, and deposits of mucus. It is said to improve the nutrition of the urinary mucous surface.

Where the indications given are present it is an efficient remedy, and results are quick to follow its administration. The dose should be large, thirty to sixty drops of the specific medicine well diluted with water, from three to six times daily, according to the severity of the disease. It is claimed to be a benefit in cases of diabetes attended with great thirst; also in acute nephritis following scarlet fever, and in the aged, with mucous irritation of the bladder.

THE LAST WEEKS OF PREGNANCY.

JOSEPH D. MCCANN, M.D., MONTICELLO, IND.

The last weeks of pregnancy are weeks fraught with much concern by the average mother, if not by the whole family. There are complications that are very trying, especially so to those who are undergoing the ordeal for the first time. Then pregnancy No. 2 will be so different from No. 1, and so on through the list, that a prospective mother hardly feels safe in anticipating an easy time.

The average primipara is very much too modest in consulting the physician regarding her condition, and albuminuria may establish a pre-emption claim that is hard to eradicate. It may creep in without much warning, but the swelling of feet and limbs or a puffy condition about the eyes may admonish us of breakers ahead. Sometimes the analysis of the urine will not establish a diagnosis of sufficient importance to put us on our guard. However, when labor comes on and with it eclampsia, we are all sorry we had not seen further into conditions not fully manifested.

We believe we have remedies that, taken six or eight weeks before the expected confinement, will help very much in the hours of labor. Such remedies as mitchella, aletris, macrotys and pulsatilla act upon the reproductive organs in a way that lessens the severity of labor.

Ten drops of mitchella in a little water taken three times a day will be very helpful. Some mothers become very bilious, having the coated tongue, bad taste in the mouth and possibly vertigo. A small pill of podophyllin, hydrastis and nux will give splendid results. Where there is a tense drawing of the skin over the abdomen, a thorough rubbing with olive oil each evening will afford relief. Several months ago a lady came for advice regarding her condition. She, being possibly six weeks pregnant and having had three miscarriages and no living children, was extremely anxious. She had that bearing-down feeling that had preceded her troubles before, and asked

if something could be done. I adjusted a ring pessary, which gave her relief at once, and which she wore until the time of labor, which resulted June 1 in the birth of a splendid baby boy. A simple act with such happy results was no little satisfaction to the doctor in charge.

Some advocate dieting, which is often carried to extremes and at the expense of the vitality of the unborn child, if not the mother.

Were we considering the welfare of the child alone we would discuss the first weeks in pregnancy rather than the last ones, for it is then impressions are made that make or mar a future life.

Doctors, when it is possible for you to do so, give the mother unstinted attention and advice. It will cost you but little, but means much to she who would enrich the world with her offspring.

DISCUSSION.

Dr. W. N. Mundy (Forest, O.): With increasing years of experience in family practice, I have come to look upon the care of the mother with more solicitude than in past years when a young man, and possibly a little careless. I have a peculiar practice; it is entirely a family practice. I have adopted the plan of putting into the hands of expectant mothers, especially primiparæ, a little booklet which gives them in detail, better than I could possibly tell them, how to care for themselves, the care they must extend to the expected child, what to prepare for the child, a little article on diet, and the necessity of nursing the child during the first year of life. I have looked with more solicitude on these cases in the past few years, and I believe with such care I have less trouble with confinements than before. I believe we ought, as physicians, to prevent sickness rather than to cure. The most brilliant success that medicine has achieved is in the line of preventive medicine, and I believe it is our duty as family physicians to advise our patients how to keep well rather than to cure them when sick.

Dr. W. R. Ruble (Smith's Grove, Ky.): There is one feature of this question that appeals to me, and that is with reference to eclampsia. We know these cases, these heavy-set, short-necked women. I had an experience down in Kenucky, where three sisters all died of puerperal eclampsia. Had they been prepared before pregnancy as they might have been, this result might have been prevented. When a woman is pregnant and complains of swelling of the limbs early, before the season that you would expect swelling there properly, I suspect that there is leukemia there, and in such case we should examine a sample of urine to see if there is albumin present, and, if so, take steps at once to prevent the occurrence of eclampsia.

Dr. W. S. Van Horn (Findlay, O.): What steps would you take to prevent eclampsia?

Dr. Ruble: I would take steps to keep the kidneys working and the bowels open.

SOLUBLE IODINE.

W. S. Glenn, M.D., State College, Pa.

This short paper for the section of Materia Medica and Therapeutics may not please all, for I shall not touch on the methods of preparation and the chemical constituents of the drug at all—only speak of the therapeutic side.

Materia medica, according to Ellingwood, is the consideration of drugs, their origin and methods of preparation, their chemical construction and constituents, general physical characteristics, preparations used in medicine, dosage and general influence upon the animal economy.

Therapeutics is the intelligent application of agents and methods to the cure or alleviation of disease.

This agent has proven very helpful to me in a great many cases that usually are benefited very little by medicine. I do not think there is any drug in our materia medica that possesses any more certain value than this one or any one that is so imperfectly understood. It should not be classed as an alterative and given for every ailment under the sun; neither should it be used altogether as a counter-irritant. Soluble iodine, as I use it, can be given in two to thirty-drop doses, either by mouth or hypodermically two to six times a day, in all cases of enlarged lymphatics, and even where malignant growths threaten, often when they have made considerable progress. I have found it excellent for children with adenoids. Not every case of adenoids requires or will accept an operation.

Iodine is a cell stimulant. Its use in diseases and disorders of childhood is one of the most satisfactory therapeutic measures. In emphysema, for some reason not known to me, it acts better than any agent I have used. In catarrh, where the mucous membrane has become thickened; in chronic rheumatism, where the joints have become stiffened and enlarged; in goiter, enlargement of the spleen or liver, in uterine fibroids, it has worked wonders for me.

Was called to see Mrs. O., June 6, 1905. Found her almost pulseless. Had been bedfast for six weeks. Her physician said he could do nothing for her unless she submitted to an operation. She refused this. He said he would prefer them to get some one else to take charge of the case. Found profuse bleeding which had been going on through all this sickness, and at intervals of irregular periods for five years. A large, hard uterus with a fibroid as large as two fists; no appetite, pale, thin, all mucous membranes pale and flabby. Put her on ten-drop doses of soluble iodine four times a day. Tamponed the vagina to control hemorrhage. Removed tampon in forty-eight hours; continued the iodine for six months. All enlargement gone and non-recurrence since. Have had quite a number of such cases with just such happy results.

Miss M., sixty-two years old, came to consult me about a lump in her right breast, August, 1910. Found nipple retracted. A lump as large as a fist; the whole chain of axillary lymphatics enlarged. She had previously been fat and plump. Was now emaciated, thin, pale, bloodless, weak. Told her she had a malignant trouble which I suspected to be carcinoma Told her my advice would be for her to have it removed by a surgeon. She refused. Put her on soluble iodine, ten drops four times a day. She began to improve in three months. Lump about disappeared; enlarged lymphatics so small could not be found. Health improved very much.

I believe that in all these cases that have a wrong of lymphatic circulation and engorged lymphatics, that are pale, thin and bloodless, with pale mucous membrane, the soluble iodine will benefit more than any remedy I know.

DISCUSSION.

DR. WM. P. BEST (Indianapolis): I would like to ask Dr. Glenn what form of iodine he makes use of?

DR. GLENN: Burnham's soluble iodine, made at Auburndale, Mass.

DR. E. H. STEVENSON (Fort Smith, Ark.): Do you dilute it when you give it subcutaneously, or do you use it as it occurs?

DR. GLENN: I dilute it when I give it hypodermically. Giving ten drops I should give it in a drachm of water, either hypodermically or by the mouth.

DR. PERRINS: How much of this would you use at a time?

DR. GLENN: Use the whole dilution at one dose.

DR. J. E. CONNETT (Lawrenceville, Ill.): Would it not be good practice to remove the tumors and follow it with the iodine treatment?

DR. GLENN: A great many cases refuse a surgeon. I am simply speaking of those. I am not saying this is better than surgical treatment.

THE ECLECTIC MATERIA MEDICA—ITS PAST, PRESENT AND FUTURE.

PITTS EDWIN HOWES, M.D., BOSTON, MASS.

We are all of us proud of the results accomplished by aid of the materia medica that is known exclusively as Eclectic. Many and many a time have each of us in attendance to-day upon this annual meeting been able to meet and conquer abnormal conditions by means of its instrumentality.

Time will not permit me to go very exhaustively into the origin and early history of what is known as Eclectic materia medica. That is unnecessary before this body of representative practitioners, who are familiar with its failures as well as its successes.

In passing, however, I must pause to pay tribute to that large body of devoted, painstaking and patient delvers after truth who made possible what we to-day enjoy under the word Eclecticism. They deserved great credit. This has been accorded them many times by men far more able to do them justice than myself.

It has often been stated, and without contradiction, that our materia medica is the backbone of Eclecticism. It behooves us, then, to pause a moment and consider what the Fathers, as it were, understood by this word.

The Massachusetts Eclectic Medical Society sprang into its existence over a half-century ago. At its first annual meeting, Seth C. Ames, M.D., a man noted for his broad scholarship, was chosen to deliver the first annual address. He was a Harvard graduate, but decided to enter the ranks of Eclectic exponents because of his staunch belief in the principles enunciated by that system of medication. He selected as his subject for that occasion "Eclectic Theory and Practice of Medicine." In the course of his remarks he was brought to a position where it was necessary to define logically and conclusively what Eclecticism meant. His reply was epigrammatic, and should be carefully committed to memory and used as the base of all medication by each and every one who sails under its banner. He said: "When asked the question, 'What is Eclecticism?' we will answer, a wise, prudent and

discreet choice of things, most excellent and efficient to produce a desirable and proposed result, to the rejection of all things less desirable and efficient." We would do well to ponder and study these words very carefully, for much of the success of our school in the past was due to its adherents acting upon the principle thus tersely and, at the same time, broadly declaimed.

Without doubt the present day is a time fraught with great results, if we accept its possibilities and move in right lines. We are too prone to rest upon our oars, and feel that all that is necessary has been accomplished, and all that is required of us is to reap the reward produced by the labors of our predecessors. This is, of all things, a most fatal mistake. If we allow ourselves to be lulled to sleep by its siren voice we will, sooner or later, wake up to the fact that we have hugged to our breast an adder which has poisoned our whole being, and all that our fathers in medicine strove so nobly to attain has been irrevocably lost.

It is our duty as individual practitioners to see to it that we each add our mite to the general fund of therapeutic knowledge, thereby strengthening the edifice of Eclectic materia medica.

No person, or collection of persons, can stand still on any given subject. He or they must either fall back or advance. If we will only choose the latter, then indeed will we pass on to our success as a system of materia medica, which will be augmented and rendered more stable by our endeavors.

I wish to speak to you for a short time on what observation and experience have led me to believe are the most essential attributes for us to cultivate if we are to win success, viz.: Harmony, Publicity and Determination.

Harmony.—From the very first inception of the Eclectic school of medicine there has been more or less friction between those who composed it. That this has retarded its growth must be admitted by any one who is at all conversant with our history. A small body of men who are welded together by harmonious thoughts and acts can accomplish vastly more for a given cause than a very much larger body who are split into factions that are struggling for control.

Organization is necessary for success to-day in a greater measure than ever before, but if organization is to do its best work it must be aided by harmony within its ranks.

For the upbuilding of the Eclectic practice of medicine the State society is the corner-stone and the portion of the structure which needs the most attention to details. Every member of every State society should consider that his allegiance to his State society is paramount to his allegiance to any other medical society whatever, and the man who cannot subscribe to this statement is not a good member to be intrusted with the interests of the State society to which he may belong.

The standing of the school in any State, as far as its legal status is concerned, is dependent upon the continuation of the State society, and the stronger the State society the more power it will be able to exert.

The first duty of the Eclectic school of medicine to-day is, to see that all of its members are enrolled in the State society in that State where they severally reside. If any are kept out of the society because of factional differences, efforts should be made to harmonize the factions and help each to see the necessity of forbearance.

The State society should frown upon any organization that has a tendency to *lessen its own strength and integrity*, but should *welcome and aid all bodies whose aim is to upbuild and increase* the power and influence of the State organization.

Having become affiliated with and working for his State society, the Eclectic who really wishes the best for his school will hasten to become identified with the National Association, and the same rules for his guidance should be adhered to in this body that have been prescribed for his actions in the State body, with this exception, the State organization should always be first in his consideration and help.

Having aided in producing harmony and good feeling in his State organization, each man must do what he can to bring about the same feeling and action in the other medical societies with which he may be identified. It should always be remembered that no chain is stronger than its weakest link, and no body of men can exert *an influence of much strength* unless *every man is in accord with the work that that body is trying to accomplish.*

History is full of examples of what may be achieved by the determined efforts of only a few men who were in accord with one another, and were striving as one man with but one purpose to produce that result. The success of these undertakings should lead us to believe that we, too, if we will only work under like conditions, can point to as great achievements.

Publicity.—If our school has suffered because of the many factional discords which have been constantly arising, it has also been equally handicapped because of its not seizing upon the advantages which are to be derived from legitimate publicity.

What the Eclectic practice of medicine can accomplish in its battle with abnormal conditions is *hardly dreamed of* outside of the comparative few who look to the practitioners of that method for assistance, for help, when medical aid is required. Who is to blame for this condition of affairs if it is not the practitioners themselves?

If the results which can be obtained by means of Eclectic methods could be brought to the careful consideration and attention of the large thinking population of this country, *how long do you think it would be before the school we all love would be standing in a very different light and exerting a vastly wider influence than it does to-day?*

One of the principal things which must be done along the line of publicity is to see that the various statistics concerning the Eclectic practice of medicine are compiled by our practitioners and distributed broadcast over our land. These statistics should be combined with terse statements, easily understood, as to what the Eclectic practice of medicine really is, what it stands for and what it has accomplished.

From our first inception we have been fought by those who arrogantly term themselves Regulars. We ought not to deceive ourselves, and feel, because we are treated more courteosuly to-day than in times past, that the battle is off and peace declared. I tell you the fight is still on and is waged just as bitterly as ever before, although it may be in a different manner; yet the result will be just as fatal if we are not awake and resist all encroachments of the enemy to conquer our breastworks.

Medical legislation and health boards are the two great agents which the old school are calling to their aid, and we must meet them on their own grounds and overcome their tactics, or else go down to ignominous defeat. Publicity must be used to aid in this fight. *Publicity is the greatest weapon in the hands of anybody to-day who wishes to crush monopoly in any form,* and we must use it to its fullest extent.

This work should be done by the State and national organizations, with the assistance of the medical journals. If each of the medical journals of our school would help secure and publish statistics from their subscribers, *concerning their work,* we should soon be in a position to place before the people facts that would both convince and startle them. Action would follow. Do you suppose they would uphold a system of medicine where the mortality often runs as high as 40 per cent. when they could secure a treatment of the same line of disease with a mortality of only 5 to 10 per cent? And even this could be reduced if we had the same public assistance which is given to the dominant organization.

The Homeopathic school of medicine is to a great extent in the same condition that we are and are facing the same difficulties. Common sense and good judgment would dictate that these two schools should join hands in fighting the common enemy.

A closer alliance has been taking place between these two schools in the past few years, and this tendency should be carefully nurtured and *tended until the outgrowth shall be strong and virile and ready to combat successfully the wiles of our opponents.*

Let each State society get into closer touch with its neighboring Homeopathic society, and cultivate those relations which should result in a strong bond of union in all those things which would tend to strengthen our hands in the fight which will be waged more fiercely than ever as the days go by.

The National Eclectic Medical Association ought to extend cordial cooperation to the American Institute of Homeopathy, send accredited delegates to the yearly gatherings, and request that they reciprocate in like manner. Such action would aid us in becoming better acquainted, and thus render us susceptible of closer affiliation in our fight for medical freedom of thought.

Determination.—Important as harmony and publicity may be to the success of any undertaking, yet if they are depended upon alone, the result many times will be spelled by the word FAILURE. In order that success may perch upon the banner of any undertaking, determination must be

united to the harmony and publicity. Then you have a trio that are irresistible.

Many and many a man has won success and the achievement of what he was striving for because of his *dogged determination to succeed;* who was so much interested in conquering *all* obstacles that he did not know *when* he was beaten, but persisted until he had swept away all difficulties and *at last* was able to taste the sweet fruits of an *abundant victory.*

What we have said of individual efforts along the line of determination is equally true when applied to larger events, events that were epochs in their time and occurrence. History is full of such examples, and it is needless for me to take your time and tax your patience by attempting even to enumerate them. You can recall many of them, and such recollections simply add weight to the argument that the *determination to win out* in spite of all obstacles is more than half the battle, and that *the cause which is backed by harmony, publicity and determination* is always sure of being crowned conqueror in the end.

Many difficulties may arise, many obstacles may have to be overcome; yet sustained with a strong, firm determination to succeed we will win the day.

If the Eclectic school of medicine ever occupies the position which it is entitled to fill because of its accomplishments, it will be when the three elements of which I have briefly spoken have been adopted, not only by one or two, here and there, but by the school as a whole, and have patiently been adhered to until the coveted object has beeen attained.

In no portoin of our history has the time been so auspicious for us as a school to achieve such results as that of today. The methods of the old school have been *tried and found wanting.* They are plunging from one fad to another in their mad attempt to retain the prestige which is slowly but surely slipping away from them because of their lack of knowledge of the curative action of drugs. This is being realized by the rank and file of their following, and consequently there is a demand, *which is constantly growing,* for more information concerning drug therapy.

Even our enemies admit the Eclectics *are strong on drug action.* It is the duty of our school to-day to see to it that this demand *is satisfied,* and not only this but to go a step beyond and *see that the general public are made acquainted with our methods and our successes, and, because of them, asked to give us the recognition which they require.*

All great undertakings have been started, as it were, by a handful of strong, true men, who believed thoroughly in their cause and hung to it with *grim pertinacity* until they secured the result sought.

What greater honor could come to this Association, or would be more pleasing to those who have been identified with us in the past, than to have the proud distinction of being the first to start such a movemnet?

If by my words I may succeed in *arousing you to action,* then indeed shall I feel that I have not labored in vain.

DISCUSSION.

Dr. J. A. Munk (Los Angeles): The Eclectic vegetable materia medica is a subject of vast importance to us. It is our "strong suit," as card players say. We are in the lead in therapeutics. There is no difference of opinion on that, because even the Allopaths concede that—and we know it. The thing for us to do is to maintain our position—not only stay where we are, but progress, go forward, not retrograde or go backward. We have a wealth of material about us in the vegetable world from which to gather these substances that are curative agents to restore the sick. Many of these have been investigated and are being used to-day, but we have not found all. There are many besides those we already know.

I think it is unfortunate that our young men, our students, do not follow the old methods and acquire a knowledge of this subject. We have some refined remedies, and, of course, in one respect there is an advantage in this, because these have been tested and tried and purified, the best elements retained and the worthless material discarded. These remedies have their place, and we prize above everything the specific remedies prepared by Lloyd Bros. drug house; nothing else like them on the market. The old school uses them and the Homeopaths use them often in preference to the mother tinctures, and we are very proud to think we have these preparations. I do not deprecate these drugs and this advanced state of our materia medica, but we must not lose sight entirely of the old landmarks.

Now, some of the older men, like Dr. Church and Dr. Howes and myself, whose hair is getting white—in our day when we studied materia medica we were taught these principles, and in addition we were taught to go out into the fields and woods and observe the growth of the plants from which our medicines were made, study the botany, watch their growth, their development and their decadence; to dig the roots and gather the plants and cure them and tincture them. It gets the student right in touch with the subject to teach him the structure of the plants and the elements that enter into them. Study them enough for practical purposes. We ought not to forget in our schools to have the pupils do this. It is a pleasure to gather these plants and experiment with them, and oftentimes new discoveries are made that way. You can never tell what you can do until you try.

I think that in addition to that it would be well for our students to follow the old practice of taking part with the doctor in his office work, and being taught these medicines in their different forms. This office pharmacy is invaluable to the young man or woman studying medicine. We have eliminated all this, and the student lost a very valuable opportunity of acquiring a practical knowledge of the things belonging to his profession. I have always taken an interest in this, and to-day in connection with our college work in California we have a botanical garden where some of these plants are grown and used for administration under our materia medica, and while it has been quite a task and a slow process, I am satisfied with the progress we are making, and it is a real pleasure and benefit, not only to the faculty and teachers but to the students. We have had some plants sent us from the East, and we have them growing more profusely than in their Eastern home. To go around in this garden—about five acres or so—and see what is happening, is constantly a new and interesting experience. If any of you people are interested in vegetable botany, and care to take the trouble, we would appreciate it very much if you would send us a few roots of any plants that have medicinal value.

And do not let us forget the value of our vegetable materia medica, for this is the foundation of our system of practice; it is the foundation of

our future success as it has been in the past. We must not get too far away from these old landmarks. I certainly hope we will be thoroughly awake on the subject of vegetable materia medica.

Dr. W. N. Mundy (Forest, O.): Dr. Howes' paper was more along the line of organized work. It does very well to come here in association and pass resolutions that we will do so and so, and we will seek publicity and all that; but resolutions do not count, it is work that counts. We can have a committee to seek publicity, but the question is, will that committee do the work?

I believe in thorough organization, and I believe every Eclectic should be a member of that organization; but there is more to be done by political influence and pull than by organization. How many of you, when danger assails us, will appeal to your Representative? How many will go to see him and have a private interview, and if you have any political influence in the neighborhood, let him know what you can do for him in the way of votes? That is the kind of influence, and that is all that will count.

We have been passing resolutions about the Owens bill. Personally, I am not opposed to the Owens bill *in toto*. I believe in all sanitary measures, and I believe the United States authorities should have power enough to combat pestilence and disease. The greatest achievements in medicine have been along the line of preventive medicine. But when danger assails you in the Owens bill, will you go to see your Congressman?

Why is it that the Osteopaths have representation in twenty-seven States on the State boards; that in these States their members of the board examine their students and secure favors that the Homeopaths or we ourselves cannot secure? It is because they have good organization. But the trouble seems to be with our men that they are satisfied with success, and if they are enjoying a good practice they say, "Well, the Lord has blessed me, and I don't care about these things." That is the reason why the Homeopaths and Eclectics are not securing their rights. It is all right to pass resolutions, but put the work and vim behind these resolutions and do the work necessary to achieve success.

Dr. E. H. Stevenson (Fort Smith, Ark.): I do not know that I want to deal with the question of materia medica or therapeutics, but what I want to say is along the line of the paper of the President, and also what Dr. Mundy has said in reference to publicity and accomplishing things. We have recently had a very hot old experience down in Arkansas. The American Medical Association octopus has reached its tentacles down there, and some of us will never realize what it means until we are in this scrap.

A bill passed through our legislature creating about seventeen hundred offices, and we did not know it. They slipped it in on us until it was all ready to pass the Senate. We went after it then, and came near defeating it. If we had had the bill a little earlier we would not have been beaten. If you do not get in touch with your Representative and show him where you can affect him, he will not listen to you, and you will not accomplish anything.

I endorse what our President has said in regard to this National League. You will probably say it is Christian Science. They have as much right to practice in the State as we have. I do not believe in Christian Science at all, but they have the same right as any other people who can do anything to restore health. But that League of Freedom, it does not make any difference who started it, it is the only way to accomplish anything. If you go to your Representative or Governor, he may not pay much attention. But if you can go and say that you represent an institution that has 12,000 members in your State (or whatever the number may be), he will have to

stop to think about that. They have 16,000 in Missouri now. You go to a politician and say you have 16,000 people behind you, and you give him something to think about. It will take this organized work to accomplish anything.

Dr. Finley Ellingwood (Chicago): This question of publicity is a question of public sentiment. We have talked it over a great many times, but it is worth while to-day to reconsider it, because there has never before in our history been a moment when we needed action more than at the present time.

I am proud to-day to hear the report of our Secretary of the membership of this society. For five years, if any one man worked for this organization, I worked for it, and I worked with the hope that there would be accomplished what has been accomplished since I retired from office. The work has gone on, and I am glad of it, and I am glad now that we have twelve hundred men who are openly antagonistic to the old method of studying medicine. Dr. Mundy had some very splendid things to say about publicity and the way to accomplish things, but what we need more than anything else is public sentiment. Living as I do, in Chicago, where Eclecticism has had such a disastrous blow by the friends of Allopathy in the last four or five years, I have seen what publicity has done. One doctor here said they could have anything they pleased in the public press. And so it is. They can have anything they do advertised in all the public press in Chicago. One of their surgeons got up before a meeting of that body in Chicago and declared that pneumonia had no cure in medicine. A few weeks later I knew of a case of a woman who had read that in the paper. She was taken sick, and when the doctor said she had pneumonia, she cried, "My God, if I have pneumonia I will die right off!" This woman arranged all her affairs (when they told her she must go to a hospital), said good-bye to her husband and children, and six hours after arriving at the hospital was dead.

Now, gentlemen, I consider that anybody who has no faith in medicine, who does not know enough about medicine, and yet will make a statement of that kind, I consider him a criminal of the worst kind. If I do not know a thing, it is no sign that nobody else knows it, and it remains for you and I to adopt some course by which the public will know that we are doing something and have done something in the past seventy-five years in the advancement of the best system of medicine, the most exact, the most reliable, the most dependable, the most satisfactory system of medicine that has ever been brought before the people of the world.

How are we to do it? I cannot tell you. I want some of you who have brains to think it out. I have tried and tried to think it out, but I am not satisfied yet as to the best course to adopt. Is it some such course as some of the other professions have adopted? Some one said the Osteopaths were represented on boards in twenty-seven States. Have you noticed in some of the secular magazines that the subject of Osteopathy was written up fully? It is said that the dominant thing in the world to-day is Mrs. Eddy's Christian Science. Have you seen the magazines that publish her writings? There are a couple of men up here at Rochester, Minn., that are trying to do great things in surgery. Have you seen how the secular magazines tell all about these men, their history and their work? And no one of these three have any better ground for publicity than the Eclectics have. This thing should be put into proper shape for the secular magazines, and the people shown that we are against dogmatism, that we are against this dictatorial spirit that has been exercised over the Homeopaths and Eclectics for over one hundred years, and then show them that

pneumonia is curable in ninety-seven cases out of one hundred. The public does not know this; we do. If pneumonia can be cured, we know that success in other lines can be attained.

There is an enormous amount to be said about this. What can we do about it? Can you make up your minds as to some course by which this can be done?

I will speak a moment on a matter that will be mentioned in my address on Wednesday night. The State examining boards are trying to put themselves right with the committee on pharmacy that has been appointed by the American Medical Association, and suggest that only about 150 drugs shall be studied in the medical colleges, and students shall be examined upon them by the examining boards of the different States, so that they shall all use the same remedies. Have you looked over that list? It made me ashamed and disgusted that a body of men that can furnish all the surgeons for this country, who are searching after scientific knowledge, should be willing to let students in medical colleges go down to examining boards and be examined on 150 remedies, and I counted 137 of them that were old remedies in 1870 when I began to study. There were a dozen that came in later years. They were going to bring up this lot of old medicines as remedies, and of course just as soon as the colleges know that they only examine on these, they will teach nothing else, and the result will be that the student will know practically nothing of materia medica and therapeutics.

Let us think of something that will help us to show to the world that there is a body of men who know how to cure pneumonia, and can cure a great many other diseases too, and back of that that they understand the principles of drug action—a system that will live as long as man lives, and will cure disease just as long as there is disease. (Applause.)

Dr. G. W. Thompson (New York City): So far as the advancement of Eclecticism, of our school and our methods is concerned, it must be done largely through this organization. This organization must be broad enough to go into the national legislature and fight any legislation there, and it must have co-operative work on the part of every member of this Associato do that. Dr. Mundy has outlined a way.

Another thing is that we ought to have a journal that is outside of the profession. Our medical journals only reach the profession. There is an organization that has been in existence for some time, and I think should command a certain respect from everybody who believes in the practice of medicine, and that is the League for Medical Freedom. There is a journal that has a large circulation. I am not interested in it financially, but my sympathies are with it. Through its circulation you can reach thousands and thousands of people that the medical journals do not reach. I think this matter rests entirely with the National Association, and it should be taken up.

Dr. W. L. Heeve (Brooklyn): I certainly endorse what Drs. Mundy, Thompson and Ellingwood have said. They hit the nail on the head—especially when Dr. Mundy said he favors that health bill. I certainly am against this method of ours in years gone by of condemning everything and suggesting nothing. I believe that health bill will pass. In just what shape or manner I do not know, but the President wants it, and Colonel Roosevelt wants it, and you may rest assured they will get it. I think if we pass resolutions condemning clauses in that bill, we should say what we think should be in there; then go to your Senator or Congressman and tell him what you condemn and why, and what you favor, and why. Teach him; educate him. What we want to do is to formulate a new bill instead

of that one, present it to the committee, and urge them to take the two bills and draft a new one.

And we should not put it off until to-morrow. Do it now. Get after your legislators, and do not take their promises, but follow it up. They are in politics for what is in it, and I believe we should take the advice of Dr. Mundy, and when we get home see your legislators and tell them where this bill is wrong and where we can improve it.

Dr. M. M. Hamilin (St. Louis): The A. M. A. is dictating in every college, regular or irregular, Allopathic or Eclectic, the number of hours that they shall teach anatomy, chemistry and any other branches that are taught in the school. They are forcing he Eclectic schools to teach things that the Allopaths want taught, and the number of hours to be taught, to the exclusion of the possibility of our teaching the things we desire to teach in our schools.

The next thing is the State board of health. I have had some experience on these boards and know about the workings. While a member of the State board, appointed by the Governor as his special representative, a member gets up and moves that the secretary of the board be instructed to report monthly to the *Journal of the American Medical Association* the transactions of this board. That gives them all the information as to what the board is doing, and it shows that the A. M. A. are far-sighted enough to know that if they can control these boards, and these boards control the colleges, they will simply wipe out Eclectics, Homeopaths and everyone else, And that is their method of doing it—controlling the colleges through the medical boards. How are we to head that off? The best method that I can think of is to have only tried and true Eclectics on the board. We can get them if we try. The trouble is with too many of our boards that the man who is supposed to represent the Eclectics is not an Eclectic. He has been put there for political reasons, and is not an Eclectic. Many of the States are afflicted with just this kind of people, and the Allopaths pass whatever resolutions they desire; they do just as they please, and our men sit quietly and let them do it. We ought to contend for our rights. Eclecticism was founded on a fight, and I do not believe that a man who has not that fight in him is much of an Eclectic.

Dr. T. D. Adlerman (New York City): It seems to me in the National Association we talk a great deal and do very little. I came in rather late this afternoon, and did not hear all Dr. Mundy had to say, but I catch something about publicity, and after listening to all the speeches I am no better off than when I came in, nor is your National Association. We have no means now to go before the public and tell them that we know how to cure pneumonia. Last year a committee was appointed on publicity, but this committee has done very little, hardly anything, and it seems to me they either ought to resign or be discharged and a new committtee appointed that would do a little work. The question of the Allopath school does not concern you; let them alone, they are able to take care of themselves; they do not need this Association's advice. If you take up your own profession and find some remedy, some way to secure more publicity, maybe you will accomplish something.

Dr. T. A. E. Evans (Farmers, Ky.): There is one question comes to my mind, and it is this: Why is it people do not know anything about us, It is because we have not told them. How do the people in the State of Kentucky and New York, and every State from East to West, know there is an Allopathic school? For the simple reason that the American Medical Association hired Dr. McCormick to go all over the country and tell the people what there is in medicine. The people now in my county in the

mountains of Kentucky say: "You doctors used to keep us in ignorance; you do not do that any more; you send out a man to tell us what the practice of medicine is." The thing for we as Eclectics to do is to find some man, some man who is not looking simply at the money side of it, some man who is not ashamed to talk to the public, to go to every county-seat in every county in the country and tell the people what Eclecticism is. That is the way to gain publicity.

Dr. Wm. P. Best (Indianapolis): We have listened to a good deal this afternoon, and you probably think you are going to listen to a good deal more. Dr. Adlerman said in a few words the sum and substance of it all. We have talked enough; the next thing is to do something. Three years ago this body appointed a committee of three supposedly representative men to see that our school was brought before the public through the public press and our widely circulated magazines. Have you ever read anything yet? Did that committee ever report? There is another case of "talk."

There are men of our school scattered all over the United States who when they talk to us pride themselves on the fact that they are Eclectics, and yet they send their sons to Allopathic colleges. Does that support your cause? Does that make Eclectics? Is that business from a business standpoint? If the Eclectic system of medicine has made it possible for you to make a living, to make your mark in the world, given you a standing in your community, is it not good enough for your son?

LOBELIA IN DIPHTHERIA.

John W. Fyfe, M.D., Saugatuck, Conn.

In the practice of medicine it is frequently found that much valuable knowledge may be derived from our failures. It would seem well, therefore, in reporting our different experiences with a given drug, to mention its apparent lack of corrective power over a certain abnormal state, as well as its accomplishments in the treatment of pathological conditions. It is with this point in view that I have selected the use of lobelia in diphtheria as the subject of a paper in which the details of the treatment of three cases of diphtheria will be given.

On being called to see a boy seven years of age, who was said to have been suffering several days from a sore throat, I found a typical case of retro-pharyngeal diphtheria, and decided to include the hypodermic use of lobelia as a leading part of the treatment. This decision was prompted by published statements suggesting lobelia as a probable specific for diphtheria. One drachm of specific lobelia was at once injected into the patient's left thigh, and in two hours another drachm of the same preparation was injected into his right thigh. He was also given the indicated remedies in the usual way. In four hours, there being no improvement in the boy's condition, one drachm more of specific lobelia was injected into his left arm. The following morning the child was much worse, and evidently sinking very rapidly. Death seemed inevitable, but I injected another drachm of the specific medicine into his right arm, making one-half ounce of specific lobelia which had been given to a small child within a few

hours, and without causing any apparnet effect. Four hours later, the disease having became much more severe, I injected into the patient's buttocks 5,000 units of antitoxin. In the evening there seemed to be a slight improvement in the respiration, but death terminated the child's sufferings at about three o'clock the next morning.

There were six other persons in the family, four children and two adults. I gave each of them a drachm of specific lobelia hypodermatically. In the afternoon of the same day a messenger came to my office saying that one of the younger children had experienced difficulty in swallowing, and that the mother wished me to call as soon as possible. On examination of the child I found another case of diphtheria of the same general character as that which had proved fatal. Besides the remedies specifically indicated, a drachm of specific lobelia was administered hypodermatically. There being marked evidence of an increase in the severity of the disease, four hours later 5,000 units of antitoxin were injected into the child's right thigh, and 2,000 units into the left arm of each of the other children. The following morning I found the little patient much improved, but thought it wise to administer another 5,000 units of antitoxin. The other indicated remedies were continued.

On making my evening call I found that the mother had taken the disease, and that she was a decidedly sick woman. The remedies specifically indicated were prescribed, and 6,000 units of antitoxin administered. Each of the other members of the family was given 2,000 units more of antitoxin. The mother and child made uneventful recoveries, and no other cases occurred in the family.

Lobelia may prove a remery *in* diphtheria, just as this or any other drug may, in this or any other disease, when its specific indications are manifested, but I do not think that sufficient evidence has been produced to justify the claim that it is any sense a remery *for* diphtheria, or that it has any value as a prophylactic in this disease.

It may be well to note the fact that one-half ounce of a reliable preparation of lobelia in one drachm doses, given hypodermatically within a few hours, to a young child, did not produce nausea or any other apparent drug manifestation.

SOME OF THE CAUSES OF GYNECOLOGICAL DISEASES.

Fred. G. Phillimore, M.D., Boston, Mass.

Why are American women so prone to diseases peculiar to their sex? It may be considered an open question whether they are more affected than the women of other nations. They have this reputation, however; and it seems to be true that these diseases, characterized as they are by various nervous disturbances, are not only more frequently met with in the United States than in other countries, but that they are increasing.

A young American woman has completed her education, perhaps with honor. As a girl she may have been healthy and robust, but for some

occult reason a peculiar train of nervous phenomena called hysteria appears. She develops a lack of correlation of nerve forces, and becomes like an engine whose flyweel has lost the steadying influence of its governor. The nicely adjusted balance between volition and impulse is lost, and the harmonious relation of vital forces becomes greatly impaired.

A fault of this character may be easily detected and remedied in a piece of machinery. But the human organism is so complex that neither a knowledge of physiology nor pathology will always enable us to determine exactly where the trouble lies. Frequently the menses are abnormal and attended with pain. Ovarian pathology, headaches and other reflexes are common. And the patient will wonder why she is not as well as some of her friends. She is like a hothouse plant that has been forced to bloom prematurely. She can endure but little, and is easily affected by her surroundings.

The cause of this condition would seem to lie largely in the fact that at puberty she had directed her nervous forces away from the proper channels, and sacrified physical vigor for intellectual development. Too often she has been taught to regard outdoor sports as hoidenish. And while boys at this period are rowing, skating and strengthening muscle and body in the pure open air, she is apt to be practicing music, reading the latest novel or studying dress. Moreover, when the menses appear, she is seldom advised regarding them, and therefore goes about as usual, without realizing the extra precautions that should be taken at this time.

Excessive mental strain during the years of puberal formation and growth, and especially during the menstrual periods, is a fruitful cause of gynecological troubles. And no mother does her whole duty when she fails to impress these and similarly important facts upon a daughter who is budding into womanhood. The mental accomplishments and mental gymnastics that our present educational system forces upon girls during this formative period of their womanhood, cause their generative organs to suffer from malnutrition, because the nerve force thus used is perverted from its normal channels. The erotic literature of to-day, and the growing lack of respect for parental advice, still further emphasize this danger. Tight corsets, high heels and lack of healthy muscular exercise, cause and perpetuate pelvic congestion, thus often still further confirming the pathology. And parties, balls and theaters add a nervous and emotional strain that is not only artificial but often degenerating. I believe, nevertheless, in the higher education of women, especially along lines in which they show ability and talent. I am not inveighing, therefore, against their intellectual development, but against its forced activity—whether emulatively based or otherwise—at periods when their nervous energies are required for basic and more important and practical physiological growth. For a large part of gynecological trouble exists genetically because of lack of healthy outdoor life and lack of active and varied muscular exercise rightly undertaken.

At the time of puberty, and especially before the regularity and quan-

tity of the flow have become well established, the girl should be warned with regard to over-exertion, colds and such forms of carelessness as wetting the feet or sitting or standing upon cold, damp ground. From the age of thirteen to seventeen I do not believe that she should undertake hard study or undergo the intellectual cramming process. An early bed and a long sleep should be insisted upon until eighteen, and until this age she should not enter society. This régime will give plenty of time for a college education, as well as greater strength and capacity for study. I believe, therefore, that she should be developed first and primarily into a strong, healthy and normal woman—one who can grasp life from the basis and viewpoint of a wholesome and wholesouled physiology. Then, and upon such a basis, superior education will become an added jewel instead of an erratic menace. Moreover, and except for hereditary tendencies, the services of the gynecologist are seldom needed for girls and women whose training and education have been conducted upon lines more nearly parallel to nature's methods.

THE ABSENCE OF NATURAL POWER IN OBSTETRICS.

M. H. Waldron, M.D., Naugatuck, W. Va.

There is no special season of the year having as its peculiarity the birth of children. They come all the time. The discussion of the subject is, therefore, always timely.

It is well to bear in mind that it is the branch of medical practice subjected to the most unexpected dangers, requiring the promptest and most energetic measures for the relief of the patient—her very life sometimes hanging by a thread. It is difficult to estimate the number of women whose lives are lost annually because of the failure of their attendants in childbirth to do the right thing at the right time; and those who leave the childbed physically more or less disabled for varying periods afterwards because of the incompetence of their attendants, number countless legions. They have, in fact, produced the specialty of gynecology. This is an indictment of the profession. There is many a mechanic earning twelve dollars a week who would lose his job if he did not do his work better than many obstetricians do theirs, and we say this deliberately, with the full intention of implying that it is no more difficult for a physician to master all the details necessary to become a good obstetrician, once he has gone over the subject, than it is for some mechanics to be good at their work.

Go over your patient as a good mechanic would a piece of machinery, see what is needed in the case you have to attend to, give her proper care before nature calls on her, and you need not then interfere very much in the delivery of the child.

It is a matter, as we have said, of ordinary judgment. In view of this self-evident truth, there is no excuse for any physician being unable to render any service likely to be necessary to woman in confinement during his lifetime as a practicing obstetrician.

The best thing may not always be done, not even in the presence of the most experienced judgment; but a woman's life should never have to be sacrificed if attended to in time, except by the most unusual combination of circumstances that no amount of foresight could guard against. These cases are extremely rare. In view of these facts, it is the duty of every obstetrician undertaking the care of a woman in confinement to be mentally equipped to do his full duty under all circumstances. This should be backed as soon as possible by an adequate armamentarium. How many are practicing to-day who fulfill these requirements?

You have generally nine months in which to look over this matter and see that the machinery is in proper order before it commences to work. You are the engineer at the throttle.

THE AFTER-TREATMENT.

J. P. Harvill, M.D., Nashville, Tenn.

A successful issue in many cases depends upon the care which is exercised in the after-treatment. The surgeon's responsibility does not end when he lays down the scalpel, but continues until healing is complete. The busy surgeon nowadays is too prone to overlook the details in the after-treatment.

The purpose of the after-treatment is to detect complications early, and to so manage them as to give the patient not only the best chance of recovery but the best final functional results. A comprehensive knowledge of the patient from every viewpoint—historical, hereditary, social habits and hygienic surroundings—all of these points have a bearing on the after-treatment.

A nice, comfortable bed in readiness to receive the patient after the operation, two or three hot water bottles being wrapped and placed in the bed twenty or thirty minutes before the operation is over, and the patient placed in charge of a competent nurse, who remains constantly at the bedside until the patient is thoroughly from under the influence of the anesthetic. Under no circumstances is he to be left alone, until he understands his surroundings perfectly, so that he may not injure himself or interfere with the wound.

Anesthetic Vomiting.—One of the chief dangers in the vomiting during or after the operation is that some of the material vomited may be aspirated into the bronchi and set up an aspiration pneumonia. Some of this vomiting might be prevented by thoroughly cleansing the nose, throat, mouth and pharynx with an astringent and mildly antiseptic solution. Sometimes spraying the mucous surface with a 2 per cent. solution of cocaine will in a great measure relieve the irritation from the anesthetic. This should be used just before the anesthetic is begun.

Morphine gr. ¼ and atropine gr. 1-150, given hypodermatically thirty minutes before the general anesthetic is begun, will have a delightful ef-

fect in many ways. It will not only prevent the patient from becoming boisterous on the table, but less ether is required for the operation and the unpleasant after-effects are less pronounced. The struggles of an under-anesthetic patient cause subsequent muscular discomfort and lassitude. It sometimes happens that vomiting is prolonged and persists for several days. This, when not traceable to other causes, must be attributed to a disturbed motility of the stomach itself, due to nervous disturbance. Sysematic lavage of the stomach should be practiced in such cases, and yields best results. Dilatation of the stomach is a rare complication, but sometimes occurs, and in some instances proves fatal, regardless of treatment. Thoroughly wash the stomach early, and repeat every four hours, raising foot of bed, and if symptoms continue, turn patient on stomach. The second operation is sometimes necessary.

Pain.—Pain is a symptom that deserves careful consideration in the after-treatment. Pain from the wound usually subsides in twenty-four hours, and frequently demands an opiate for relief, especially in the nervous and restless patient. Recurrence of pain in the wound after several days of quiescence is to be regarded with suspicion, as one of the symptoms of infection, and treated accordingly. Sudden pain in the abdomen after abdominal section, if attended by other characteristic symptoms, signifies internal hemorrhage, and should be looked into immediately. One case of this kind occurred at Shoffner Hospital, following an operation for appendicitis, on the eleventh day of the disease. The tissues were so friable that some of the stitches failed to hold, and hemrorhage followed. We went into the abdomen as soon as possible, and after cleansing out the blood clots and stopping the flow, the abdomen was closed. Hypodermoclysis and after-stimulants were administered, and finally direct transfusion was resorted to, but without avail. The patient died after six hours.

Shock.—Shock is most frequently observed in young children, the aged and weak individuals. Children usually recover from shock quicker than the other patients mentioned above. Enteroclysis, morphine and other remedies usually administered after hemorrhage is the usual treatment of shock.

Disturbances in the Course of an Aseptic Wound.—Mild infections may occur without fever and with only slight evidence of local disturbance. As I have before remarked, there will probably be pain in all wounds for the first twenty-four hours, and pain occurring after the subsidence of the primary wound is regarded as evidence of infection. Such pain is caused by the swelling of the wound, which causes the sutures to press against the parts. Slight infection may be relieved by moist compresses wrung out of a mild solution, and such other dressing as may be used should be placed loosely over the wound. If, however, the temperature is elevated, pain continues with general depression, loss of appetite and headache, the case will require constitutional treatment as well as local interference. In such cases the local situation should be relieved first, and then such remedies as echinacea, quinine, aconite and purgatives given if deemed wise.

Aseptic fever must not be mistaken for infection. Such fever occurs

the first twenty-four hours after the operation and rarely goes above 102° F. After twenty-four hours it rapidly subsides, seldom running longer than forty-eight hours. Aseptic fever may follow in operations where large areas of tissue have been disturbed from extensive dissection, or it may be purely intestinal from fermentation, and can be relieved by enema or a laxative.

We have not had a single case of wound infection, in the so-called clean operations, in our hospital for more than two years.

Ether Pneumonia.—This complication should be treated, from an Eclectic point of view, just as any other case of pneumonia, by the specific indications. I have seen the distressing respiratory symptoms rapidly subside after the administration of veratrum and lobelia. One essential is to give the patient advantage of all the fresh air possible. In uncomplicated cases of clean surgery the after-treatment consists principally of proper diet, quietude, cleansing baths, good sleep and other hygienic measures, and all natural resources will give the cure.

We have not mentioned nephritis, peritonitis and many other post-operative complications, but what has been said will demonstrate the extreme care that should be given to all cases after leaving the operating-table, at which time the surgeon should join hands with the general practitioner for a successful issue.

DISCUSSION.

Dr. L. E. Russell (Cincinnati): I think the doctor is overlooking the fact that in abdominal operations—any operation with reference to the movement of the bowels—it is very essential that the bowel should move in twenty-four hours after operation. I invariably try to have the bowels move by calomel, followed by sulphate of magnesia. This is very essential. You will almost invariably find this a gateway to success in any surgical operation.

Dr. Sinclair (Oswego, N. Y.): I would ask, why calomel followed by magnesia?

Dr. J. S. Hagen (Cincinnati): I want to compliment the doctor, especially on the subject of the paper. It certainly is a subject that should interest every practitioner as well as surgeon. The after-treatment is equally as important as the operation, and in a great many cases more important. In fact, the after-treatment of all cases depends upon the character of the operation. Clean cases, properly done, require very little after-treatment; really, the after-treatment should consist of as little meddling as possible. Where you have pus cases, they require constant attention under the supervision of the surgeon and some one thoroughly capable.

I want to also compliment the doctor on the fact that he has for two years had no pus—that is, in clean cases. That is an excellent result. I would like to ask him in about what tension he ties his sutures when he sews up the abdominal incision. I want to impress one point, that the presence of pus in clean cases is very often induced by tying the suture too tight.

I do not quite agree with Dr. Russell that the bowels should be moved twenty-four or thirty-six hours after an operation. Take, for instance, a case of peritonitis, where the bowels have been strained and inflamed, you do not want to give them a lot of calomel and magnesia. You had better

keep the patient quiet; keep everything out of the stomach and let it rest, and the patient will get better easier and quicker.

Dr. W. L. Heeve (Brooklyn): I believe the paper is most excellent, but I believe he has touched upon but a few of the points. What he did say is perfectly just and right.

I do not agree with the first speaker, Dr. Russell, in advocating that the bowel should be moved within twenty-four or thirty-six hours. I believe that this is doing more harm than good in surgery to-day. That constant cry of "Clean up, clean out, keep clean!" is the most damaging appeal that is being made at the present time. I believe with the second speaker, that you should let the patient alone; do not meddle at all until nature demands your interference. The capable and the real surgeon knows when a complication is coming on; his experience teaches him that Do not be worried about a little temperature coming up; do not be worried if it is 102°, as long as you know what that temperature comes from, and we have methods of diagnosis to-day that tell us that. The symptoms teach you what to do, and your experience tells you when to intefrere. I believe that the dosage of calomel and magnesia that some surgeons are advocating in cleaning out after abdominal work is doing more harm than good. Personally, in my abdominal work I sometimes do not give any laxative, seldom give a cathartic until the fourth to the sixth day; but I do not put anything in that stomach.

But I would never give calomel on a guess that it is needed. And to follow it with magnesia, you never know what you are doing. No two patients will respond alike to that treatment. Perhaps it is the difference in climate—I do not know, I have never practiced in the West—but in New York calomel is not used as much as it was formerly. I prefer milder remedies. I do not believe in the sledge-hammer way of treating a patient.

Often you find that after doing intestinal work, where you are pretty sure everything is getting on well, about the ninth day there is leakage. I find that careful attention to details, knowing what to do when the time comes, is the only safe method—but do not do too much.

Dr. E. B. Shewman (Cincinnati): This is a very important subject, indeed. The doctor has not only given us post-operative treatment here, but some pre-operative treatment. In his reference to the administration of morphine and atropine preceding the operation, I have found a few things in this that interests me. I do not give quite as much morphine as he does. I give one-sixth grain and 1-150 grain of atropine three-quarters of an hour before the operation, and my reason for this is the fact that I wish to catch this morphine and atropine at the end of its results. Should I give this twenty minutes before the operation, I find that it is very easy to give the patient an overdose of ether.

Another thing, he did not tell us the reason he gave atropine and morphine, and one of the important things is that ether excites secretion of the salivary and mucous glands, and the atropine overcomes secretion, so we do not have a large accumulation of mucus in the air passages, which interferes with the operation. We frequently have aspiration pneumonia as a result of a foreign body which finds its way into the air passages.

Thus I think it is important to consider the pre-operative treatment as well as the post-operative, and I agree with Dr. Heeve that in a great many cases it is well to let the patients alone. You will find that they will get well in a majority of cases without any interference.

NON-SURGICAL TREATMENT OF DISEASES OF WOMEN.

S. W. Moreland, M.D., Jonesboro, Ark.

"I think there is a field for the medical practitioner in gynecology, and that the profession has been a little too eager to turn the woman over to the surgical gynecologist, when perhaps the endeavor on the part of the medical man to apply the remedial measures so abundantly at hand, at least in the Eclectic materia medica, would have saved and will save the patient much suffering, and will avoid the mutilation of her person." The above is a quotation from the introduction to Dr. A. F. Stephens' work on "The Essentials of Medical Gynecology." These words are so true that they need to be emphasized till they become known to all medical men who do work in diseases of women. In a short paper but little can be done except to direct attention to the importance of the subject. As non-surgical means, the physician is at liberty to use drugs, electricity, massage, hot and cold water, mechanical support to the pelvic organs, and such other means as will not mutilate the woman.

While the writer is aware there are cases that can only be reached by surgery, let our constant study be to limit these cases as much as possible. The physician who treats his cases without resorting to the knife may not receive the plaudits of an admiring public, but he will merit the everlasting gratitude of suffering womanhood. It is too true that a kind of mania exists for the knife among a certain class of women, but the writer believes that the great bulk of the wives and mothers will hail with delight the coming of the medical gynecologist. But whether this is true or not the medical man should stand like a watchman upon the wall, and, if danger exists, should not fail to cry aloud in warning. If he does not, then it may be as of old, the blood of the woman will be upon his hands, figuratively as well as literally.

The pelvic organs are so situated that they are peculiarly liable to diseases; then, too, the abuses to which they are liable, both by the woman herself and the beastly attitude of men, bring these organs to disease. If it is not departing too much from his subject, the writer wishes to urge physicians to teach mothers the necessity of the young girl taking proper care of herself during the monthly period. First aid may be rendered to the daughter through the mother that may prove of long-life benefit. The physician should again act the part of the teacher in showing mothers the dangers that await her daughters from fourteen to eighteen years of age; that during this period the study hours should be shortened; that the growing girl should spend much time in the open air; that good physical development is better than a delicate, sickly woman. It has been claimed, with much show of truth, that organic disease is always preceded by functional wrong. These functional wrongs need to be discovered and corrected by medical means. Every month the pelvic organs become congested; this is a physiological condition, but very close to the pathological line. Any imprudence now may change the natural function to a pathological condition.

Then the first consideration here is rest; rest from work; rest both of body and mind. If all women understood and properly appreciated the importance of rest during the menstrual period, what a Godsend it would be to suffering womanhood. But all women do not understand, or, understanding, do not heed the advice and rest, hence many functional wrongs are found associated with the monthly period.

It is not necessary to go into details of all these functional wrongs, nor the remedy for each one. In fact, this would go far beyond the limits intended for this paper. The following list of remedies has been found useful by the writer in these functional wrongs: Macrotys, pulsatilla, mitchella, senecio, aurens, viburnum prun., apis, cantharides, nux vom., gelsemium, belladonna, boracic acid, borax, and last named but not least in importance, warm and hot water. This list does not claim to be exhaustive, but, when a drug is mentioned, Lloyd's specific medicine is always meant.

Let those interested and who do not know the indications for the remedies named, get a work on "Specific Medicine" and study the indications for remedies. Scudder's, as revised, is pure gold; the work of Dr. A. F. Stephens, referred to in the beginning, contains the indications for the various remedies useful in gynecology.

But little will be said about that great destroyer of womanhood—gonorrhea; but let us emphasize the importance of checking this disease before it reaches the ovaries and tubes. If we are not able to do so, then must we often resign the woman to the tender mercies of the gynecological surgeon; then, as the judge would say to the condemned prisoner: "May the Lord have mercy upon her soul."

What has been said above of the importance of rest during the menstrual period, needs to be re-said and re-emphasized in regard to the woman during the puerperal stage. This, a physiological condition, in the absence of proper treatment and rest is often the beginning of a long line of symptoms that make the woman's life a miserable one. If there is a tear of the cervix uteri or perineum, these must be repaired by the surgeon's skill. But, often there is left a condition of sub-involution; the uterus is large and heavy,; there is a bearing-down sensation, the uterus is too low, probably flexed; there is almost constant pain; pressure upon the bladder, producing irritation of the rectum, may cause fecal impaction. Now the same list of remedies already given should be studied in connection with this condition. Electricity, either faradic or galvanic, finds a place here. Electricity, like other remedial measures, must be used to meet specific indications. In this connection attention is called to a measure recommended by Dr. Dudley in his work on gynecology. I refer to the hot roller pack around the hips and pelvis and up to the umbilicus. Let a sheet be doubled to convenient width and dipped in hot water and immediately rolled as above described. This improves the circulation of all the pelvic organs with all its attendant benefits; it soothes the nerves, thus relieving pain. One caution in its use, it may produce a uterine hemorrhage in one predisposed to hemorrhages.

Attention is next directed to cotton or wool tampons in cases of pelvic

engorgement. Saturate the tampon with glycerine that holds boracic acid in solution; introduce into the vagina through the speculum. The affinity of water and glycerine will cause a copious watery discharge, thus relieving the pelvic organs of their engorgement. Only a few things in the non-surgical treatment of women have been mentioned, but I trust enough has been said to convince the skeptical that surgery does not embrace everything.

Let us learn to discriminate between surgical and medical cases, always giving the preference to medicine when it is possible to do so. Let us not work for the plaudits of men, but for the health of the future and present wives and mothers. A healthy womanhood is the glory of the nation; a weakly womanhood is its disgrace. Let us choose, and that wisely, along these lines.

PUERPERAL PERITONITIS.

C. A. Tindall, M.D., Shelbyville, Ind.

Puerperal peritonitis is caused by an infection which takes place after childbirth, miscarriage or abortion. It commences in the endometrium and is carried by the lymphatics and veins to the peritoneum or it may be transmitted through the Fallopian tubes. It may be local or pelvic in location or it may be a diffuse peritonitis extending more or less over the entire abdominal area. The disease may be adhesive or exudative. In the adhesive form the intestines are glued together or to other organs, while in the exudative there is considerable free fluid, serous, fibrinous or purulent.

In the beginning the symptoms of the pelvic and diffuse forms are very similar, although more severe in the diffuse. They generally commence at from the second to the fourth day, although it may be earlier. There is generally a more or less marked chill, followed by high temperature of from 103° to 104°, or occasionally 105° F. The pulse is rapid, running at from 120 to 130 or even 140 per minute, and is feeble. In fact, the pulse is a characteristic feature of peritonitis and is a more reliable guide than the temperature. The pain is very severe and causes the patient to draw the legs up to lessen the extension. The abdomen is distended, sometimes to enormous proportions. The urine is scant and frequently contains albumen. The secretion of milk is generally arrested or very materially diminished. The same may be said of the lochia. If the lochia is not entirely arrested it becomes diminished in amount, changed in character and foul smelling.

The tongue is coated and frequently dry and red around the edges. There is no appetite, but great thirst. There is generally, in the beginning, constipation followed by diarrhea. The face is pinched and gives evidence of great suffering. Frequently there is nausea and vomiting and occasionally hiccough. The patient is unable to sleep, and sometimes delirious, although the mind sometimes remains clear to the last even in fatal cases.

In the pelvic form, after a few days, a distinct tumor is felt over the lower abdominal region. It is a result of the exudation of fluid which is walled off by the agglutinated omentum, intestines, uterus and appendages.

Frequently the tumor pushes the vaginal vault down so that the cervix disappears. The inflammation generally subsides and the exudation is absorbed, and the tumor disappears in two or three weeks. Occasionally, however, the exudation becomes purulent, and all the symptoms continue until the abscess breaks. The pus generally finds its way into one of the hollow organs, as the bladder, rectum or vagina, but more likely the latter. Occasionally it finds its way out through the skin in the pubic region. After the abscess breaks the active symptoms disappear, but the patient is left in a feeble condition and frequently with a fistulous opening which continually discharges pus. When this stage has arrived, or when the abscess has formed, the case is surgical and but little good will be derived from medical treatment.

While puerperal peritonitis is a dangerous disease, and the prognosis should be guarded, a very large per cent. of cases will recover if properly treated. In the pelvic form the patient nearly always recovers from the active symptoms, but is frequently left in an enfeebled condition. In diffuse peritonitis the danger of death is greater.

Treatment: Authors are divided in opinion as to the advisability of using intra-uterine injections. In my own practice I seldom use them, trusting to the natural course of the discharge for drainage. Some of the authors recommend the use of opiates in large and continued doses, but I use only enough to control the pain to an endurable degree and generally prefer codeine. I have been able to control the pain very satisfactorily by injecting from twenty-five to thirty grains of salicylate of sodium, dissolved in a half-pint of water, into the rectum. In fact, I have found it to give better results than opium or codeine and to answer where ordinary doses of both had failed. If the milder means will not control the pain, however, I would give morphine or codeine, hypodermically, in large enough doses to make the pain bearable. Garrigues tells of giving to one of his patients (who recovered), in twenty-three days, 216 grains of morphine and more than fourteen pints of whiskey. I have never used such heroic means although a very large per cent. of my cases have recovered.

Some of the authors recommend ice packs over the abdomen. I never use them, but generally depend on turpentine stupes for the local application. I order one part of turpentine to two parts of lard, placed over the entire abdomen as hot as can be borne and changed every half hour or hour. This is continued both day and night during two or three days of the most active stage and less frequently later. Libradol may be used with good results, although I much prefer the former application.

Aside from the treatment already mentioned (which is largely palliative) the symptoms should be carefully watched and prescribed for according to the indications.

Aconite will be indicated very frequently as there will be a small rapid pulse with high fever. Dioscorea is frequently an indicated remedy, as there will be spasmodic, sore pain. Bryonia will be indicated for the sharp lancinating pain so often present in inflammations of any serous membrane. Rhus

tox. is indicated by the small wiry pulse with inability to sleep. Gelsemium is indicated in many of the cases by the bright eyes, flushed face and restlessness. Baptisia is indicated by the dark purplish color and expressionless face. In fact, any indicated remedy should be given. If the bowels are constipated I prefer epsom salts to any other laxative, as they seem to remove the gas better than any other means.

DISCUSSION.

Dr. Florence E. Smith (Newark, O.): I do not think he mentioned giving turpentine internally. I usually take two bath towels and heat them, put the one that is not so hot through the clothes wringer to get it as dry as possible, then put the others on top. But I do not use morphine; use turpentine in an enema.

Dr. Tindall: I want to say about the salicylate of soda injection, that about thirty grains every four to six hours will relieve the patient in a few hours.

OBSTETRICAL ASEPSIS.

John C. Story, M.D., St. Joseph, Mo.

The ease with which the average case of labor is managed and the fact that parturition is one of the most common events in the practice of medicine and may be passed through safely without the aid of a medical attendant, has often created an indifference on the part of the attending physician in safeguarding the future welfare of the parturient woman by proper attention to modern antiseptic measures. Labor being a physiological process has often led to neglect in observing the details that go to make perfect technique, but when the life of the lying-in woman hangs by a thread from profound septic infection, perhaps due to lack of employment of thorough aseptic precaution, we are then reminded that what should have been a physiological process becomes a pathological process.

There is not a single case in obstetrical practice where we can find justification for the neglect of the least antiseptic measure that may prevent infection in the woman in confinement and during her convalescence. It is often true that many of the antiseptic measures that should be observed, the attending physician has not had an opportunity to put into practice, but we can educate womankind to the importance of co-operating with the physician in the care and management of labor, and we can in the course of time succeed in a measure in teaching our patients the necessity of asepsis and antisepsis from the time of conception to the hour of delivery and throughout the stage of convalescence.

The seeming indifference so often exhibited in observing antiseptic measures in labor is not so often due to ignorance or carelessness on the part of the attending physician as it is to the lack of knowledge in the home concerning asepsis; however, if insisted upon, some kind of antiseptic technique may be had in any home. I am satisfied that in too many cases the physician goes to his patient in confinement wholly unprepared to put into practice the simplest measure of asepsis. In such instances what are we

to expect of the laity, who are ignorant of such methods, if the physician does not furnish the example? It is not at all surprising that so many cases of puerperal sepsis continue to afflict the parturient women in this country.

The charge of indifference to the principles of asepsis in private obstetrical practice is borne out by statistics, and I wish to briefly call attention to what some able practitioners have to say concerning the lack of proper obstetrical asepsis. Bumm, a prominent German author, says that between four thousand and five thousand women die annually in his country from puerperal infection. Dr. Dakin, of the Obstetrical Society of London, shows by statistics that puerperal fever has increased during the last twenty years. A prominent New York physician has this to say: "It seems strange that we are obliged to admit that puerperal wound infection in the ordinary daily practice of physicians is of almost as frequent occurrence and with as high rate of mortality as it was fifty years ago." An editorial writer in the *Journal of the American Medical Association* makes this statement: "We believe that we are safe in saying that statistics, if carefully compiled, would show that in private obstetrical practice the mortality from puerperal sepsis is greater to-day than in the pre-aseptic period." These statements certainly indicate that there is an indifference and neglect on the part of the medical practitioner in the observation and employment of strict surgical asepsis.

It should be the duty of every physician to employ the latest recognized antiseptic technique in his private obstetrical practice, and at the same time to demand larger fees for his services. It should be the duty of every pregnant woman to place herself under the guidance of some careful physician, and preferably the one who will be called upon to attend her during delivery, from the time it is positively known that pregnancy exists; and it should be the duty of the physician to employ all known means to ascertain the true condition of the woman during pregnancy, for only by this can he know the chances for a normal delivery or what complications he is most likely to deal with during labor. The one matter that should give the physician the greatest concern before delivery is the selection of the nurse. She is the one on whom you depend for the execution of your orders concerning the after-treatment of your patient, and she may prove your best or worst assistant. The attending physician should be always consulted in the selection of the nurse, and he should accept none but a trained nurse. In responding to a call to a case of labor, the physician should carry in his grip sterile absorbent cotton, sterile tape for tying the cord, obstetrical cushion, hand and nail brushes, tincture of green soap, lysol solution, bichloride tablets, a clean white gown and rubber gloves.

The first duty of the physician when called to attend a case of labor is to thoroughly sterilize his hands and arms, as he would for a major operation in surgery. This may be done by scrubbing the fingers, hands and arms with brush and green soap for five minutes, followed by lysol in 2 per cent. solution, and after rinsing the hands and arms in a 1-10,000 bichloride solution and again rinse with alcohol. In the preliminary cleansing the hand brush must be used vigorously, particular attention being given

to the finger nails. If recent pus cases have been handled, or there has been contact with infectious cases, then rubber gloves should be used. After examination is made, and it is ascertained that the patient is ready for delivery, the nurse should be instructed to prepare the patient by shaving the hair from the pubic region and thoroughly bathing and scrubbing the abdomen, thighs and genitals with soap and water and then wash with 1-1,000 bichloride solution, after which a clean sheet and sterile pads or towels are placed under the patient. The examination should be thorough, and if it can be avoided it should be the only one made during the first stage of labor.

With the advent of the second stage of labor the patient should be placed upon an obstetrical cushion which has been covered with a sterile towel. Forceps and every instrument likely to be used should be made sterile by boiling. Every effort should be made to prevent laceration of the soft parts, for it is through such wounds and abrasions in the majority of deliveries that puerperal sepsis finds its origin. I am certain that a large number of tears and lacerations of the cervix and perineum are due to too much haste on the part of the attending accoucheur.

There is no reason why a carefully and successfully conducted case of obstetrics should not be rewarded as well in amount of fee as a major surgical operation or a laparotomy. Nor is there any reason why the same care should not be exercised in the preparation of the woman before delivery as in the preparatory work of the surgeon before operation. For, after all, obstetrical work is surgery, with the only difference of a longer period of preparation. All tears and lacerations should be immediately repaired after delivery. Antepartum douches should not be employed unless we have good reason to suspect gonorrhetl infection, otherwise positive harm may result; but it is a different condition altogether that prevails after delivery, with abrasions and tears along the parturient canal, over which is flowing the broken-down tissue cells, in which decomposition is present after the first twenty-four hours. Then the douche is indicated, and it is my practice to direct its use. The solution usually employed is 0.5 to 1 per cent. lysol three times a day.

I cannot think that the general indifference and disregard to obstetrical asepsis is due to ignorance on the part of the physician, for the teachings of antiseptic technique are pretty well understood by most practitioners of medicine. On the contrary, I believe they know what is demanded, but some are negligent and careless to a degree that is astounding. In conclusion, I would suggest that we cannot insist too strongly on the application of aseptic measures in obstetrical practice, for in the observation of these principles lies the escape from infection and all its attendant evils.

If we begin in the home to preach and teach asepsis whenever the opportunity presents itself, it cannot but produce an effect. Even if it is not all we desire, it will in a short time command a more intelligent and hearty co-operation of the people, showing that our interests and teachings are appreciated, and it is not labor in vain.

The National Eclectic Medical Association
QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
FOREST, HARDIN COUNTY, OHIO.

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A RESPONSIBILITY.

"He that provideth not for his own household is worse than an infidel."

I am not to blame for that sentence. It is to be found in one of the sagest writings ever uttered. It is applicable to the use I here make of it.

I consider that all who are born into Eclecticism belong to that household, and all are therefore responsible for its maintenance. It is true, one may stray away and tell the household to go to a hotter place than Missouri in the summer time and during a drought, but this will not relieve him of the duty he owes his household. Then how much better one feels when he can say to himself: "I have provided for my own household by discharging every obligation resting upon me." Did our mothers provide for us when we were babes, depending upon the mother-love for our sustenance? Did we repay them by failing to provide for them when that responsibility became ours? Or did we go to dwell in the house of strangers, while the mother who bore us struggled to exist? Of course, we did not. Then why withhold our support from that school in medicine which made us a success in the world? Is it because we can find a better one? Certainly not. Have we ever stopped to think that in the glad hand of fellowship which Allopathy extends there is concealed a subtle poison? Have we not learned perhaps too late that in accepting that hand we become the little pig in the puddin'? I would rather be a razorback, free in the woodlands of the land where they raise them, than a measly runt in a pen filled with real hoggish hogs. Wouldn't you?

Now, my brothers, laying all levity aside, we need every one of you. We need you to help provide for your own household. There is a wave of protest passing over this country to-day which is destined to engulf the dogma of Allopathy sooner or later. There is also an awakening of the people to a knowledge of what Eclecticism is and what it means to the sick. Eclecticism has a future. All it needs is the loyal support of its own in providing for its household. Little, picayunish differences ought not to weigh

in the balance. And because we may never attend a meeting of the National is no reason why we should not help to provide for her maintenance; to push onward and upward the organization which must be the measure of our standing. We help to maintain the government at Washington. How many of us have ever been there, and how many of us expect to go there in active participation in its affairs? Nevertheless we all help to provide for our own household.

Next June the National will convene at Washington. Every one may go and take part in the deliberations. But if we do not we are in duty bound to provide for our own household. STEPHENS.

THERAPEUTIC NIHILISM.

The recent articles by Dr. H. A. Hare, in the *Therapeutic Gazette*, and by Otto L. Malot, in *American Medicine*, refresh our memory along these lines. This subject has no doubt become somewhat threadbare, yet it is ever fresh, and to internists of the greatest interest. Homeopathic and Eclectic physicians are not by any means "therapeutic nihilists," neither are we "drug mad," as has been charged. Therapeutics is taught in a plain, practical manner, and the student taught to give a remedy or remedies for the purpose of securing a definite result.

Not many months ago a writer in one of our journals enumerated a number of remedies, several of which have been in use for many years by physicians generally. Whether the writer's conclusions are based upon laboratory experimentation or clinical observation is not stated. He says they are valueless, which is sufficient to warrant the discarding of them.

It is such articles that cause the uncertainty of medicine and leave the physician not imbued with definite ideas of therapeutics in doubt and uncertainty. Eclectic therapeutics leaves no room for such uncertainty. With committees selecting remedies which examining boards are presumed to use; with examining boards omitting examinations in materia medica and therapeutics; with colleges omitting the teaching of therapeutics from their curriculum, what will be the fate of the future graduate? It is hard to tell or even conjecture. We presume he will understand pathology, bacteriology, clinical microscopy, but what to do for the patient will be beyond his knowledge.

This therapeutic nihilism or uncertainty or want of a systematic system of therapy is responsible for the condition prevailing in Allopathic ranks. It causes physicians to write prescriptions for proprietary and patent medicines. It is responsible for the constant and never-ceasing introduction of new drugs or remedies, endless combinations and ready-made formulas by enterprising pharmacists.

Lying on my desk before me are pages 1-80 of the *Journal of the American Medical Association*, "New and Non-official Remedies." Are Eclectics and Homeopathic physicians responsible for this endless chain of remedies? Do they write the endorsements of the preparations that come to our offices

daily through the mail? I think not. Collier and Bok have another "think" coming when they ascribe these conditions to the liberal schools of medicine. The Allopathic school is alone responsible for the prevailing uncertainty. Look over the pages referred to, note the number of remedies and the manufacturers and agents and form your own conclusions. Is it not time for the profession to halt and take an inventory? Possibly some good would come out of Nazareth. M.

LIFE INSURANCE COMPANIES.

Dr. Jay Smith, of Glen Rock, Wyo., informs me that the Mutual Life Insurance Company, of New York, has refused to accept his examinations because he is an Eclectic. I had a somewhat similar experience with the same company, and yet not exactly parallel. The attitude of these companies simply illustrates the bigotry and narrowness of some men's minds.

In my own experience I had taken a policy in this company, No. 919,819, was examined by a man of their own selection and accepted. In six months' time a general agent called upon me, stating they wished to change their examiner, and if I would take out a policy for $1,000 they would appoint me. The explanation that I had just taken a much larger policy did not suffice. A young physician was appointed after taking a policy, upon which he informed me he never paid a single premium. During our conversation the general agent informed me after I had refused to take the policy he could not appoint me on account of my school affiliations. I dropped my policy at once. Personally, I will not insure, and do not advise my friends to insure in any company that discriminates against us. We take the same examination that other physicians do, and we should be and firmly believe are legally entitled to all the privileges accruing to the profession. We pay our taxes, help support and maintain these institutions, and are morally and legally entitled to the same privileges. Why not discriminate on account of nationality or religious belief?

Fortunately, there are but few companies that discriminate against us, and there are among those that do not just as good and substantial companies as are those that do. To protect ourselves I believe we ought all refuse to insure with those that do, and advise all our patrons to patronize more liberal companies. Self-preservation is the first law of nature. M.

PUBLIC OFFICIALS.

The storm that has centered around Dr. H. W. Wiley and Professor Rusby exemplifies and reiterates the trials of a public official who is fearless in the performance of his duties and the dangers that attend the tenure of office under "to the victor belongs the spoils" system of appointments. Under existing conditions any obscure Congressman can secure an investigation and harass an honest and efficient officer until his office becomes a burden to him. Too often moneyed or suspicious interests, injured by reason of judi-

cial rulings, are at the bottom of the investigation, and no real tangible results follow it. No one is benefited, no one injured save only the public treasury, and occasionally the party investigated, but no real good comes to the public or public service, which, after all, should be the parties to be considered. Frequently party politics and campaign ammunition is the motive prompting the investigation and partisan reports result. The result is, capable men frequently hesitate to enter the public service, deterred by reason of the uncertainty of their tenure of office and the ingratitude for work well done. They are a constant target for those of opposite political faith, and when a change of administration does occur, they are either unceremoniously dismissed or life made so miserable they are forced to resign to begin anew the battles of life. Such is the condition surrounding the public lives of Dr. Wiley and Dr. Chas. Probst, late secretary of our State Board of Health. The latter has given nearly a quarter of a century of the best years of his life to the service of the people of Ohio, his best years of work and study, and is now compelled to take up anew active practice. It is folly to say he held office long enough; it is equally as silly to presume anyone can fill the office of either of these men because he is of the proper political stripe. To fill them acceptably demands a proper training and an education along lines quite remote from that of the general practitioner, as well as the possession of some administrative ability. These positions should seek the qualified man and not the man the position.

Unfortunately, this is the condition of our political life, and the same thing is witnessed all along the line of political patronage. We know men appointed as members of examining boards with no more fitness than a schoolboy. Ability does not enter into the question; it is, how do you vote? What is your political pull? It is not only so in medical examining boards, but is also true of the boards of pharmacy, and even our county teacher examiners. I know of one county in which it is claimed not one of the examiners is a graduate of a first-class high school, yet they are presumed to pass upon the qualifications of high-school teachers and graduates of universities. Each one received the appointment as a political sop. The same thing holds true with reference to the appointment of superintendents and physicians to our State hospitals. Peculiar fitness, by reason of special study and ability, does not enter into the equation. Hence men adapted to the work by reason of a proper preparation are deterred from accepting these positions, entailing, as it often does, the relinquishment of a lucrative business for a position of a very uncertain tenure. This condition necessitates the selection of men often of mediocre ability, and often entails extravagance in administration and unsatisfactory service.

It is a pity that our public service cannot be so administered that men can afford to accept them with the assurance of protection from political and moneyed greed. They could then administer their duties without fear of molestation and with satisfaction and honor to themselves. Political bosses and political patronage would not have to be appeased, but honorable and honest service should be the object and the demand. M.

THE DEPARTMENT OF PUBLIC HEALTH.

Collier's Weekly has seen fit to severely and harshly criticise all who in any way or measure object to the establishment of a department of public health. The criticisms are very harsh, yet there is no manner by which men can avoid or escape newspaper criticisms, no matter how harsh or untrue they may be; neither is there any way to reply to the same.

We feel that no man opposes the establishment of health measures when such is really the object desired, but is the establishment of another department with the large retinue of officeholders a necessity? Is the prime object of the establishment of this department for the better and more economical administration of health measures? Has not the work been well and efficiently performed heretofore by the bureaus already existing? Is the establishment of this department solely in the interest of the conservation of the public health? Is it a move along the line of the economical administration of public policies?

Too often legislation of a doubtful character is passed, not only doubtful, but absolutely questionable. The constant agitation of a measure and the demagogic character of the methods used result frequently in the enactment of absolutely bad legislation.

I take it that in our form of government the minority have rights which it is presumed the majority ought at least to respect. Unfortunately, such is not the case. If I chose to practice Eclecticism and submit to laws and examinations passed by the majority school, I should be protected by the laws just as well as one of the majority. Because I do not imbibe all the fads and fancies of the majority school, I am not a menace to the public, nor none the less honest and a gentleman. One might just as well say that differences in religious beliefs are dangerous. Such a statement would be called ridiculous. Equally so is the statement that all "isms" in medicine are dangerous.

Allopathy says that 80 per cent. of pneumonia is fatal, and that nothing can be done for it. The majority of physicians do not believe the statement, and know better. Are we quacks because we doubt it and say we know better?

There are two sides to a question, and both sides should be viewed. Because the League for Medical Freedom is strong in Chicago does not account for its increased death rate in 1910. All health measures, all hospital appointments, all district physicians are in the hands of that majority school which Collier loves so well.

The government medical service has done wonders in sanitation and health measures in our insular possessions. Why? Because they work to an object and for results and obtain them. Place these bureaus under political patronage, and we would have exactly the same spectacle as is now exhibited by the investigation of the department charged with the enforcement of the pure food and drug act.

The creation of a new department is not a step toward a better enforcement of health measures, but tends rather toward State medicine, which is

the aim of the politicians of the American Medical Association, whose acts and aims, if carefully investigated, will be shown to be as great an octopus as the League for Medical Freedom. State medicine is an object as undesirable as a "State church."

If greater efficiency is desired, why not grant greater powers to the Public Health and Marine Hospital Service, a body which has already proven its worth, efficiency and ability to handle all the problems presumed to be by this proposed new department? This service, by reason of training and experience, is fully capable of performing all the necessary work proposed in this bill, and could eliminate the work from the meddling of practical politics and politicians, a danger ever present where the executive officer is amenable to change by reason of the uncertainties of political strife. M.

"SCIENTIFIC MEDICINE."

Pharmacists and Secret Remedies.

"The annual meeting of the British Pharmaceutical Conference has just taken place at Portsmouth. A very important discussion took place on the subject of secret and proprietary medicine. A report was submitted giving the answers received by the conference, to a series of questions addressed to eighty-eight local associations of pharmacists in all parts of the United Kingdom. They all agreed that the sale of secret and proprietary medicines by pharmacists is considerable. Eighty-six per cent. stated that proprietary articles are ordered by doctors in their respective districts to a considerable extent, and of these 20 per cent. reported such ordering to be by verbal recommendation, 20 per cent. by prescription, and 60 per cent. in both ways. In reply to the question, 'Would you regard with favor proposals for legislation making compulsory a declaration on the label of all the principal ingredients?' 70 per cent. replied in the affirmative, 24 per cent. in the negative and 6 per cent. were doubtful; 88 per cent. were of the opinion that such legislation would curtail the sale of undesirable quack medicines. In regard to the prescribing of proprietary articles by doctors, the suggestion was frequently made that much greater use should be made of the British Pharmaceutical Codex in prescribing. The discussion was opened by Mr. E. F. Harrison, who referred to the usual mendacious advertisements by which quack medicines were sold. He regarded the great majority of secret remedies having a large sale as possessing a certain usefulness in some of the disorders for which they were recommended, but as frequently advertised by grossly exaggerated and untrue statements. He moved the following important resolution, which after discussion was carried unanimously: 'That this meeting of the British Pharmaceutical Conference is of opinion that a public inquiry, by a royal commission, a select parliamentary committee or a departmental committee, should be held in regard to the advertising and sale of proprietary secret medicines and the law relating thereto, with a view to further legislation for the prevention of fraud and quackery.'"

"New Remedy" Stagnation.

"An article by Professor Biderfeld in the *Deutsche medizinische Wochenschrift*, June 22, 1911, p. 1153, on the remedies introduced during the last year, begins by discussing the dearth of new discoveries in medicines. The author recalls that in an article published last year he stated that stagnation

in the discovery of new remedies was a characteristic of the present time. The stagnation becomes apparent by the substitution for remedies based on really new ideas medicaments elaborated by slight variations of old ideas or even of mixtures of well-known remedies. The author further notes that the same conditions have prevailed during the past year. That this stagnation is felt seriously in Germany is shown further by an advertisement which appears in another German medical weekly in which it is stated that a large firm will pay physicians for ideas suggesting new forms of medication. No alarm need be felt at this dearth of inventiveness, as we feel sure the medical profession will be benefited by a respite from the flood of new synthetics and will grasp the opportunity thus afforded for a closer study of those now on the market."

To Limit Advertising Intended for the Laity.

"In Germany there exists the custom (less common in your country) of drug manufacturers advertising medicinal preparations, not only in the medical press, but also in the daily papers. Other firms place in the circulars accompanying their specialties recommendations of other remedies. The last Aertztetag has passed a resolution against this advertising business which favors self-medication by the public."

The above are clipped from the *Journal of the American Medical Association,* and intended to show our readers the condition of "scientific medicine." Nothing that we have read for some time exhibits to a better advantage the true condition of therapeutics. Not only do these clippings show the lack of a scientific basis for therapeutics, but conclusively answers and exhibits the untruthfulness of the charges in the Fourth Report of the Carnegie Foundation in which Eclectics are charged with being "drug mad." How would American physicians like to exchange places with our English and German cousins? The present agitation in England over industrial and lodge physicians and the *Krankenkassen* physicians and over State medicine in Germany should awaken physicians in this country to a realization of the direction in which we are drifting.

State medicine is the ultimatum of our political doctors and we are rapidly drifting in that way. Our government is leaning more toward paternalism than England. The body politic should wake up before we are robbed entirely of our individuality and become mere automatons in the hands of a few designing politicians.

Bok and the editor of *Collier's Weekly* should read these clippings and see where the responsibility lies for the conditions prevailing in the profession to-day.

England and especially Germany are constantly held up before us as models in medical literature and science. I doubt if the mass of the profession would care to exchange conditions with our cousins across the waters. Let us adhere to the civilization our own environments have made for us. Improve them all we can, but do not ape an old world and an antiquated civilization, with its classes, abject poverty, and ancestral aristocracy. M.

The death of Dr. Frank P. Foster and his career again illustrates the fact that it is not the length of time spent in school in preparation, but the man that makes for success in life. We are told that Latin and Greek were taught in the high schools of New Hampshire in those days, yet he finished his course, and, at the age of fifteen, we find him studying medicine in the office of Dr. Lyman Gage. The world is full of such illustrations. The tendency is not to make better practitioners, but men so filled with laboratory methods as to be impracticable. It would have been impossible for Dr. Foster to have studied medicine to-day with the preparation he had, as he could not have finished a modern first-class high school at fifteen. Moreover, it must be eight years in the grades, four years in high school and in some States one or two years in a literary college. Yet, Dr. Foster was a leader in the profession he represented and his publications a credit to the literary world.

Is there not danger that we are overstepping the mark in our constant cry for the advancement of the standards? There is danger that we will make automatons of the young physicians rather than men capable of thinking and acting on their own initiative; men constantly looking for authority for every action or move. M.

OUR MEMBERSHIP STATUS.

If the reader of this editorial will stop to consider that in this new affiliation between the National and State Societies, *he* is an essential part of the whole fabric, and that the National is *his* society, and that *we* are *his* officers, and that THE NATIONAL QUARTERLY belongs to him, he will better realize the necessity for keeping his membership dues fully paid up in his State society.

Any one who is not paid up in both State and National, to June, 1912, should realize that it is his *immediate duty* to square himself with his State secretary.

Remit directly to your State secretary, for both State and National dues, and he will transmit your National dues to the National secretary.

In the following list the first column embraces the number who are fully paid up and square on the books to 1912. The second column embraces those who owe for State and National for one year. The third and fourth columns embrace those who were once members of the National, and were once members of their State society, and who have been dropped as delinquents. These latter were dropped from the subscription list of the QUARTERLY. Can't each member of each State society use his personal efforts to help his officers get these members reinstated in both places, without waiting for the possibility of their being present at the next annual State meeting?

Some of the secretaries seem to think that if they collect a few dues from the men present at a meeting they have done their whole duty. *They have not.* They should keep an accurate record of their membership and

send out bills for both dues, at least four times a year, and help make the burden of the National officers lighter. Consider the following list carefully, and do your part towards remedying matters now:

State	1912	1911	1910	1909	Total
Alabama	2	2		1	5
Arizona				1	1
Arkansas	27	16	6	2	51
California	39	19	4	12	74
Canada			1		1
Colorado	1	14	4		18
Connecticut	22	7	3		32
Florida	2	6			8
Georgia	39	33	1	7	80
Idaho	1				1
Illinois	44	35	12	19	110
Indiana	47	17	7	23	104
Iowa	18	6	3	10	37
Kansas	33	24	4	9	70
Kentucky	27	5	1	4	37
Louisiana			1	1	2
Maine		2		2	4
Massachusetts	13	7	4	4	24
Mexico			1		1
Michigan	7	1		6	14
Missouri	50	25	12	11	98
Minnesota			1	3	4
Nebraska	45	23	1	1	70
Nevada	1	1			2
New Hampshire	1				1
New Jersey	11	4	1		16
New Mexico		1	1		2
New York	129		2	7	138
North Dakota		1			1
Ohio	115	75	7	5	192
Oklahoma	31	13	6		50
Oregon		3	1	1	5
Pennsylvania	38	3	2	3	47
South Dakota	6	6	1		13
Tennessee	13	3		3	19
Texas	58	29	3	3	93
Utah				2	2
Vermont		1			1
Washington			2		2
West Virginia	6	9		1	16
Wisconsin	9	2		4	15
Wyoming	2	1			3
	782	438	88	145	1464

This list was corrected by the treasurer October 15, 1911. M.

NEWS AND NOTES.

Arkansas.

J. R. Venning has located at Rudy.

Wyatt, the son of Dr. and Mrs. E. H. Stevenson, was drowned, June 25, whilst fishing near Lancaster. No particulars of the accident are obtainable as he was alone at the time. His wife was on a visit, near Covington, O., and Dr. and Mrs. Stevenson were en route home from our National meeting at Louisville.

California.

The State Board of Medical Examiners met in San Francisco, Monday, July 31, and organized as follows: President, Walter Lindley, Los Angeles; vice-president, W. L. Vanderburg, San Francisco; treasurer, Charles Clark, San Francisco; secretary, Charles L. Tisdale, Alameda. One hundred and sixty-five applicants presented themselves for examination.

The Los Angeles County Eclectic Medical Society met August 1, in the College Hall. The attendance was unusually large. The topics for the evening were "Syphilis," by Dr. Duncan, and "Salvarsan," by Dr. Alliott.

Dr. E. H. Stevenson and wife, of Ft. Smith, Ark., were visitors at the college during the month of September.

The September meeting of the Los Angeles County Eclectic Medical Society was held at the home of Dr. A. P. Baird. The paper for the evening was by Professor Willard.

Georgia.

The bill authorizing the University of Georgia to take over and assume full control of the Medical College of Georgia, Augusta, was passed by the Georgia legislature and has been signed by the governor. This will mean extensive improvements in the medical school at Augusta.

A. R. Thompson has located at Buckhead.

Dr. Wm. M. Durham has been confined to his room for six weeks, the result of an infection. He is now steadily improving.

Beverly W. Yawn, M. D., has located at McRae.

Governor Smith, of Georgia, has appointed Dr. Charles H. Field, of Marietta, a member of the Eclectic Medical Board of Examiners, to succeed Dr. W. C. Miller, resigned. The term will expire January 7, 1913.

Illinois.

Arthur Weir Smith has removed from Chicago to Berwyn.

The Homeopaths asked an injunction prohibiting the Auditor of Public Accounts from paying to the College of Physicians and Surgeons $120,000, which was appropriated by the legislature in May. The grounds were that State appropriations should not be made to a sectarian school of medicine. At the head of the action is the Illinois State Homeopathic Society, whose president is Dr. William Neibeiger, of Bloomington. The injunction was refused, but there will be an appeal to the Supreme court.

The Osteopaths, in their National Association meeting in Chicago, protested against a national health board to be dominated by any one school of medicine.

Chas. W. Pagel has removed from St. Paul to Watseka, where he reports success.

Indiana.

Dr. John R. Hicks, Covington, has been appointed a member of the State Board of Health to succeed Dr. George T. MacCoy, Columbus, term expired; Dr. William Niles Wishard, Indianapolis, president of the board, has resigned; Dr. T. Henry Davis, of Richmond, has been reappointed a member

and Dr. James S. Boyers, Decatur, has been appointed as successor to Dr. Wishard.

Robert A. Bunch, M.D., of Muncie, has been seriously ill.

The highest grade made in the recent examination for physicians' licenses in Indiana was by L. A. Lewis, a colored student in the Indiana University School of Medicine. He also stood at the head of his class in the examination for admission as interne to the Indianapolis city hospital. The State Board of Medical Registration and Examination has announced that ninety-nine of the 107 applicants for licenses passed the tests. Two women made the required grades.

Dr. Fred. A. Finlaw has removed from Moscow to Arlington.

The Indianapolis Board of Health has adopted the following rules for medical inspectors in the city schools: Any child having a communicable disease shall be excluded from the school; all children of a household where there is diphtheria, scarlet fever or smallpox shall be excluded from school; all children of a household where there is whooping cough, chicken-pox or mumps may attend school, except the child having the disease; all children of a household where there is measles may attend school, except the child having the disease and the child who has not had the disease. Six physicians have been added to the staff, making now a total force of twenty-six inspectors of public schools.

Dr. Carle W. Beane has removed from Eldorado, O., to St. Paul.

Iowa.

Dr. Albert De Bey, Orange City, has been elected president of the State Board of Medical Examiners, and Dr. Bert L. Eiker president of the State Board of Health.

Dr. Guilford H. Summer, Waterloo, has been re-elected secretary of the State Board of Health.

Dr. Geo. A. Smith, Clinton, has been appointed a member of the State Board of Health *vice* Dr. George Edward Becker, Davenport.

The annual meeting of the Iowa society, May 10, was a very harmonious and enjoyable meeting. A new impetus was given the cause of Eclecticism. The officers-elect are: President, L. E. Eslick; vice-president, J. C. Box; recording secretary, B. C. Minkler; corresponding secretary, P. F. Price; treasurer, W. W. Maple. Next meeting, Des Moines, May, 1912.

Kansas.

At the June meeting of the Kansas State Board of Medical Examiners Dr. Albert S. Ross, Sabetha, was elected president and Dr. Henry A. Dykes, Lebanon, secretary.

I. T. Mallett has removed from Phillipsburg to 13 S. Boeke street, Kansas City.

Dr. R. D. Bryson has removed from Udall to Harvard, Neb.

The Eclectics of Kansas City have organized a new society, the Kansas City Eclectic Medical Society. It meets every other Friday evening in the office of Dr. J. W. C. Boone, in the Empress Building. Every Eclectic in

and about Kansas City should get in touch with Dr. Boone, and affiliate with this society.

Massachusetts.

Dr. Frederick W. Abbott, of Taunton, was called to S. Meridan, Conn., July 13, in consultation with Dr. M. J. Sullivan, on the case of Dr. Charlotte M. Moriarty, of South Meridan, who was injured June 20 by an accident on an electric car.

The Boston District Eclectic Medical Society met on the evening of September 25 at the Hotel Lenox. The president, Dr. C. W. Clarke, presided. Papers were read by Dr. Fred G. Phillimore, on syphilis, illustrated by a clinical case; Dr. George E. Poor, on hysteria, and Wm. H. Hills, M.D., on facial paralysis. New members were added.

At the regular meeting of the Massachusetts Osteopathic Society, October 7, it was unanimously voted to introduce into the legislature this year a bill providing for the shutting off of all appropriations of State moneys to hospitals or other institutions which exclude registered physicians of particular schools. The State Homeopathic and Eclectic Societies have been invited to participate in this legislation.

Dr. F. W. Abbott, as a special representative from the Massachusetts Eclectic Medical Society, was a guest of the fifty-first semi-annual meeting of the Massachusetts Homeopathic Society, in Colonial Hall, Lowell.

Michigan.

Dr. Zell L. Baldwin is said to have been prohibited by a restraining order from maintaining a tuberculosis sanatorium in the residence portion of Niles.

Missouri.

J. D. Musick, M.D., has removed from Green Ridge to Calhoun.

W. R. Harmon has removed from Robertsville to Herman.

C. B. Dean, M.D., has removed from Flemington to Belton.

Nebraska.

Dr. H. B. Cummings, of Seward, is the president of the State Board of Examiners.

Dr. E. G. Lewis, of Louisville, purposes removing to Idaho. Dr. Pope Raymond takes up his work in Louisville.

Dr. Des Jardain has located in Lincoln, with his office over the Hartley drug store.

Dr. C. N. Moon has located at Gering.

Dr. John R. Gray contemplates removing to Utah, and G. B. Wolford to Texas.

Dr. Frank Baker has recently located at Deweese.

Dr. R. D. Bryson has located at Harvard.

W. E. Slike, graduate of class of 1911, has located at Madison.

Dr. George D. Hoscower has removed from Panama to Swanton.

Dr. L. R. Jones has located at Baird.

New York.

Geo. W. Boskowitz, M.D., spent his vacation in England, and after an absence of two months reports himself as being much improved.

The Rockefeller Institute of Medical Research announces its desire to receive and treat gratis acute cases of anterior poliomyelitis during the present summer and fall. In the event of any fatal case, if an autopsy is held, portions of the spinal cord, the nasal mucosa, tonsils and adenoids are asked for.

Dr. Hyman Feld has opened an office at 495 Marcy Ave., Brooklyn.

Dr. D. N. Bulson has been elected vice-president of the First National Bank, Rockville Center.

Dr. P. Marlowe has removed to 246 East Broadway.

Dr. Simon Bloom has located at 12 Attorney street.

Dr. Victor Von Nuruh, 2810 Broadway; Dr. H. Seligman, 357 South Second street, Brooklyn, and Dr. M. Minkhoff, 30 Rutgers street. These were members of the class of 1911.

Dr. Benjamin C. Andrews, of the class of 1911, has been appointed interne at the Flower Hospital.

The publication office of the *Eclectic Review* has been changed to 242 W. Seventy-third street.

A joint meeting of the Kings County Eclectic Medical Society and of the Brooklyn Therapeutic Society took place Thursday, September 28, at the Hof-Brau House, Brooklyn. There was a large attendance, that crowded the hall to its capacity. Papers were read by Drs. Shapero, Pearlstein, Meyer and Thompson. The next meeting of the Brooklyn Therapeutic Society will be held September 12, and the Kings County Eclectic Medical Society, February, 1912.

The opening meeting of the Eclectic Medical Society of the City and County of New York was one of the largest in its history. It was turned into a reception for Dr. Boskowitz, who had just returned from England.

North Dakota.

The Governor has named the following physicians as members of the State Board of Medical Examiners, following the recommendations of the North Dakota State Medical Association: Drs. Henry Woutat, Grand Forks; Arthur G. Patterson, Lisbon, and Francis R. Smith, Bismarck, for one year. Drs. Albert W. Skelsey, Fargo; Francis Peake, Jamestown, and Geo. M. Williamson, Grand Forks, for two years. Drs. Paul Sorkness, Fargo; Alexander J. McCannel, Minot, and John E. Countryman, Grafton, for three years. At the annual meeting held in Fargo, July 31, Dr. Paul Sorkness, Fargo, was elected president, and Dr. Geo. M. Williamson, Grand Forks, secretary.

Ohio.

Mrs. S. M. Sherman, wife of Dr. S. M. Sherman, treasurer of our State Society, died at Denver, Colo., July 28, 1911. Dr. Sherman had contemplated meeting his wife at Denver after our State meeting, when the two

would take a pleasure trip through the West and in Yellowstone Park. A telegram received the Saturday preceding our meeting called him to his wife's bedside.

Homer A Sutter has located at Roundhead; Victor P. Urban, 111 Dayton street, Hamilton; Grover C. Aurand, at Malenta; S. Rolland Bame, at Alvada; Raymond Watkins at Blanchester; Philip E. McKinney at Mowrystown; Virgil E. Hutchins at Blanchester. These were members of the class of 1911 of the Eclectic Medical College.

Wm. Seitz has removed from Florida to Scioto.

Dr. Charles O. Probst, for twenty-two years secretary of the State Board of Health, has resigned.

H. V. Hutchins has located at New Antioch.

Dr. Guy Kent, of West Liberty, was operated upon July 12 for appendicitis. The doctor has fully recovered.

The Ohio State Board of Health, in session at Cleveland, July 21, adopted a resolution recommending the introduction of the study of sex hygiene in the public schools. The Ohio board is said to be the first in the country to recommend the fearless handling of this subject.

The course of the Urbana (Ohio) Board of Health, in testing all the ice cream sold in Urbana, and requiring it to come up to a fixed proportion of butter fat, is causing farmers and dairymen to study the problem of how to produce richer milk. The ice-cream manufacturers are finding that, in order to save their produce from being barred from sale, they must refuse to buy all cream that is below grade. Quite a number of milk producers in the vicinity of Urbana have found their market with the ice-cream dealers closed because it was below grade, and as a result some of the dairymen are disposed to criticise the Board of Health.

The Ohio State Medical and Pharmacy Boards have joined hands to bring to book physicians and pharmacists who have been violating the laws regulating the sale of opium and cocaine. Two Dayton doctors, who are charged with giving dope victims prescriptions for large quantities of the drug, and a druggist who has been filling the prescriptions, have been cited to come to Columbus to show why their certificates should not be revoked. A campaign is to be carried on by both boards all over the State to stop the nefarious traffic.

After a lingering sickness, the wife of Dr. J. D. Smith, of Dayton, died August 12, 1911.

The Ohio State Board of Health, Board of State Charities and the State shop inspector have approved the plans for the new $100,000 district tuberculosis hospital, which the counties of Summit, Mahoning, Stark, Columbiana and Portage will erect at Spring Lake, Summit County. This will be the second hospital of the kind to be built, and it will be the most complete and largest. The first district hospital is located at Lima.

Dr. and Mrs. John K. Scudder entertained about thirty-three members of the Southwestern Eclectic Medical Association at the Terrace Park Country Club, Wednesday afternoon. The ball game resulted in a score of 75 to

5, in favor of the "thin" nine. The "fat" men protested the game. Refreshments were served at the doctor's bungalow on Miami Avenue.

Dr. Chas. O. Bayless has moved to 703 West Fifth Street, Dayton.

L. W. Trisler, M.D., has moved from New Vienna, Ohio, to 73 Huffman Street, Dayton.

Dr. H. L. True addressed the Scientific Society of McConnellsville on the subject, "Can We Dispense with Alcohol?" Thursday evening, October 5, 1911.

The Northwestern Ohio Eclectic Medical Association met at Bluffton, October 10. The officers elected for the year 1911-12 are: President, J. H. Jenkens, Rushmore; secretary, A. W. Van Horn, Findlay.

The Southwestern Ohio Eclectic Medical Association, which embraces Hamilton, Butler, Clermont and Highland Counties in Ohio, and Campbell and Kenton Counties, Ky., held a noonday luncheon at Hotel Sterling, October 4, thirty-six being in attendance. Papers were read by Dr. R. L. Thomas on "Apocynum," and Dr. J. R. Spencer on "Miscarriage." Lieut. Byron Van Horne, surgeon in the United States Army, who is now located at the government sanatorium, Ft. Bayard, N. M., informally addressed the association on the subject of the latest army investigations in tuberculosis.

At a meeting, October 12, at Columbus, the Central Ohio Society of Eclectic Physicians terminated a discussion on "The Care of Children," by declaring itself in favor of medical inspection in the schools. Dr. R. B. Taylor presented a paper on "Child Care," stating that excitement resulting from excessive social and physical demands in children made the children nervous. He said moving-picture theaters and children's parties caused the most excitement, and that child development depended on the education of the parent.

"That there should be a fixed representation of outside men on the staff of the Cincinnati Hospital, is a matter so absolutely beyond peradventure that it is surprising so little has been done to bring this devoutly to be wished for consummation to pass. It seems, however, that with the complaisance which has characterized many things medical in this city of ours, the conditions as they exist have been permitted to continue simply through a desire not to disturb the *status quo*, unpleasant though it seemed. Lately, however, a decided effort is being made to change affairs. The faculty of the medical department of the Cincinnati University have long regarded the City Hospital as an exclusive perquisite, to use as an adjunct to the medical school. The staff of the hospital, as is well known, is made up almost exclusively of members of the teaching body of the Ohio-Miami Medical College. The fact that dozens of men outside the school are fully competent to minister to the patients—yea, and to give bedside instruction—has never been permitted to disturb the equanimity of the staff.

"The 'outsiders,' so-called, have thought the time propitious to enter a protest. They have their affiliations with various civic bodies, are taxpayers, hold good positions in medical societies, are imbued with the progressive spirit, and they intend to have a representation on the staff of the City Hospital.

"We learn, too, that Eclectic physicians are bestirring themselves in the same direction. The American Medical Association is insisting that all

standard medical colleges shall have teachers ready to give bedside instruction in public hospitals of two hundred beds or more. Several State boards have adopted this standard, and deny the right to practice to applicants who have not received bedside clinical instruction in large hospitals. So they feel the injustice keenly of being without any representation whatever, although having an enrollment in the Eclectic Medical College last year of ninety-five, only slightly less than the 'regular' school of this city. They feel that they have a right to a proportionate representation on the City Hospital staff. They point to the rules of the Cleveland Hospital staff, Article III, from which the following quotation is made:

"'Section 1. The medical staff of the hospital shall consist of Regular and Homeopathic physicians, the latter to constitute not more than one-quarter of the number of the entire staff.

"'Section 2. The regular medical staff shall consist of three sections, viz.: (a) A section that is representative of the Medical Department of Western Reserve University; (b) a section that is representative of the Cleveland College of Physicians and Surgeons [These rules and regulations were adopted ten years ago, since which time these two schools have merged. —EDITOR.]; (c) a section composed of medical men not affiliated with any medical school in the city.'"

"Eclectics say that what was possible ten years ago in Cleveland surely is possible to Cincinnati at the present time. They purpose getting at least one-sixth representation on the staff of the City Hospital, as an inherent right heretofore not asserted.

"Both the non-college men and the Eclectics are working independently for representation on the City Hospital staff, and they mean to get it."—*Lancet-Clinic.*

Pennsylvania.

The organized medical profession in Pennsylvania did thorough work in the legislature just closed. Among the many good laws for the people it succeeded in placing on the statute books were the Union Medical Examination Board, quoted last month, but it also was able to defeat the antis at every point, bills lost including three for anti-vivisection, one by pharmacists to prevent dispensing by physicians, and one each for recognizing naturopaths, optometrists, neuropaths and chiropodists; that is what full organization in our ranks should be able to do in every State.

Dr. Harry S. Monroe has located at Wind Ridge.

Chas. F. Flannery and O. J. Heindel are located at 2119½ East Washington Street, New Castle.

E. T. Robinson has removed from Harrisburg to 67 Salem Avenue, Carbondale.

South Dakota.

The State Medical Examining Board held its annual meeting at Mitchell last month and elected the following officers: Dr. Frank S. Howe, Deadwood, president; Joseph Mark Walsh, Ft. Pierre, vice-president, and Dr. Leslie Grant Hill, Watertown, secretary. The next meeting of the board will be held at Huron in December.

The South Dakota Eclectic Medical Society met in conjoint session with the Homeopathic Society at Sioux Falls, June 20 and 21. The attendance was good as was the interest. The officers for the coming year are: Pres-

ident, W. P. Collins, Howard; first vice-president, A. W. Hyde, Brookings; second vice-president, L. N. Bailey, Lake Preston; secretary and treasurer, J. C. Greenfield, Avon. The next session will be held at Madison, May, 1912. This will also be a conjoint session with the Homeopathic Society. (This action is certainly commendable, and we recommend it to all weak societies.—EDITOR.)

Texas.

R. M. Howe, M.D., is located at 320 Gunter Building, San Antonio.

J. E. Brooking is located at Star.

The executive committee of the State Society proposes some new features at its coming meeting. There will be a "failure" session, when each one present is expected to recite some of the lessons learned from his failures. A round table will be another feature, followed by a love feast. It behooves our Texas men to get busy from now until the time of the State meeting, May 22 and 23, at Waco.

Drs. M. M. and C. A. Copeland have located at Loraine.

Washington.

The twenty-first annual meeting of the Eclectic Medical Association of the State of Washington was held August 22 in the parlors of Dr. J. H. McDonald's private hospital at Puyallup. The officers of the preceding year were re-elected, viz.: President, Dr. Thomas J. Piersol, Tacoma; vice-president Dr. R. O. Ball, Tacoma; secretary, Dr. N. M. Cook, Seattle; treasurer, Dr. J. V. Cole, Seattle; board of censors, Dr. Frank Brooks, Seattle; G. W. Overmeyer, Raymond; J. V. Steel, Waitsburg.

West Virginia.

Dr J. W. Ruckman has located at Captina.

Dr. Festus O. Marple has located at Rowelsburg.

Drs. F. O. Marple, Harry S. Monroe, J. W. Ruckman, Albert L. Coffield, D. Walker Richmond, of the class of 1911, passed the West Virginia Board of Examiners.

At the annual meeting of the State Board of Health, Dr. Robert E. Vickers, Huntington, was elected president and Dr. Hugh A. Barbee, Point Pleasant, was re-elected secretary for the fifth time.

Dr. D. W. Richmond has located at Silver Hill.

L. N. Yost, of Fairmount, has recently been appointed on the County Board of Health, and is at present its president.

Wisconsin.

Governor McGovern, of Wisconsin, has announced the following appointments to the State Board of Medical Examiners: Dr. H. W. Abrams, of Appleton, succeeding Dr. L. F. Bennett, of Beloit; Dr. F. G. Connell, of Oshkosh, succeeding Dr. W. T. Sarles, of Sparta; Dr. G. H. Ripley, Kenosha, succeeding Dr. A. P. Andrus, of Ashland. One more appointment is to be made.

THE HEART OF THE HOME.

By Beecher W. Waltermire.

I know a home where plenty is,
A stately palace grand,
Rich draperies and furnishings
From many a distant strand;
And all that glittering gold can buy,
Selected with great care,
And yet 'tis not a paradise—
No heart abideth there.

No baby fingers press the cheek
Nor thrum the window-pane,
No childish laugh rings through the halls
To break the silent reign.
No guileless elf with dimpled hands
Strews playthings everywhere;
This palace is a quiet home,
There is no mother there.

A queenly woman, proud and cold,
With matchless form and face,
Presides within these castle walls
With dignity and grace;
The lord and master of the home
Provides the richest fare;
And yet, it is a cheerless place—
No love abideth there.

No tenderness, no sacred ties,
No mutual joys or pain;
One strives for social eminence,
The other lives for gain.
No golden threads entwine the hearts
Of those this grandeur share;
No mutual yearnings of the soul,
No sympathy is there.

Oh, give me but some humble cot
Where pattering baby feet,
And childish laugh and mother's smiles
My comings ever greet;
Where heart is home and love is life,
Though coarse and scant the fare,
No loveless, childless palace can
With such a cot compare.

THE COLLEGES.

Dean Munk reports that the California Eclectic Medical College opened its thirty-third annual session September 18, 1911. The building is centrally located in the heart of the city and convenient for every purpose.

The term began with a called meeting of the faculty and students in the

assembly hall, when the audience was addressed by the dean and other members of the faculty on the work of the colleges and the duties of the hour It was an unusually interesting and impressive occasion, and the spirit of optimism and enthusiasm which pervaded the assembly augured well for the success of the incoming term.

There is a satisfactory increase in the number of students over previous years, and there has been a steady yearly gain since the college first opened its doors in Los Angeles. Thirty students are enrolled at the present time, with twelve members in the freshmen class. All subjects included in the curriculum are fully taught, and of the fundamental branches none are more perfectly and acceptably presented than anatomy and bacteriology. The bacteriological laboratory is equipped with twelve individual desks completely furnished and every detail of the subject is fully taught and demonstrated. Each student is required to prepare his own culture media and personally conducts every stage of germ growth. The course in bacteriology is as full and complete as it is possible to give.

The more practical work of the advanced classes in surgery, practice of medicine, materia medica and specific medication and diagnosis are taught by competent and experienced professors. The clinic facilities are ample, and are furnished by the free college clinic and the Westlake and county hospitals. At the county hospital the students are particularly fortunate by being admitted exclusively to the clinic conducted by the superintendent.

The materia medica class has the advantage of studying medical botany from fresh specimens of medicinal plants that are supplied by the college botanical garden.

The capacity of the college library has recently been increased, and several hundred new volumes have been placed upon its shelves.

Dr. G. W. Boskowitz reports the New York College opened with the largest freshman class recorded for some years. Professors Sibley and Lohman will devote their entire time to teaching and research work. Dr. George Olson has been made associate to the chair of practice, and Dr. Tienken will fill the chair of diseases of children.

C. W. Jester, vice-dean of the Cotner University Medical College (replacing Lincoln Medical College) reports that the new school, with a reorganized faculty, opens with a good freshman class and a good attendance in all classes. A high entrance requirement will be maintained, and an effort made to give efficient instruction and a strict adherence to Eclectic teaching. The department of medicine is in charge of Dr. Ralph M. Morrill, assisted by Dr. W. Clay Jones.

The Eclectic Medical University, of Kansas City, Mo., opened the session of 1911-12 on September 4 with an enrollment of fifty-six. The college faculty is strong, and enters the year's work with enthusiasm. The college complies with all the requirements of the State Board of Health as to laboratories, clinics and hospital appointments. It is thoughly Eclectic and abreast of the times.

The Hospital Medical College opened its fourth annual session September 19 with bright prospects for the coming year. Arrangements have been completed by which a new building will be secured which is well adapted for college purposes, and which has been fitted out with laboratories, lecture-rooms, etc. Arrangements have also been made with the Duvall Sanitarium for hospital purposes. Dr. J. R. Duvall has been added to the faculty, as well as C. W. Miller, formerly secretary of the State Board of Medical Examiners, also H. P. Gilstrap and others.

The Georgia College of Medicine and Surgery opens with a good attendance of over one hundred. The laboratory facilities have been increased by the addition of new apparatus.

Dr. J. K. Scudder reports that the Eclectic Medical College opened its sixty-seventh annual session Monday, September 18, 1911, and will continue thirty-three weeks to Tuesday, May 7, 1912.

The freshman class is larger than usual, and five new sophomores, three new juniors and three new seniors are enrolled.

An Ohio medical student's certificate, based upon fifteen units of a four years graded high school course, is required of every one for entrance.

Four instructors who devote their whole time to teaching are now doing laboratory work, which number will probably be increased to six by the opening of the next session.

The course of instruction has been thoroughly reorganized and graded, to avoid any repetition work. F. B. Grosvenor, B.A., M.D., is the new instructor in histology, pathology and bacteriology. He is a graduate of the Ohio State University and University of Michigan.

E. B. Shewman, M.D., lectures on second year anatomy and senior surgery, and devotes his whole time to this latter specialty. Charles A. Apmeyer, Ph.G., divides his time in chemistry and pharmacy between this college and the Cincinnati College of Pharmacy. Albert J. Nunnamaker, A.B., a graduate of the Miami University in 1906, who secured his training in anatomy in the Johns Hopkins University, and who teaches anatomy in the Cincinnati School of embalming, will have charge of the second year's work in dissections.

MARRIAGES.

Joseph Reagan Hamlin, Ph.B., M.D., to Miss Katherine Quinn, both of Maywood, Mo., October 19, 1911.

Dr. J. Scudder Hull, of Hicksville, O., to Emily Vincent White, of Chicago, June 14, 1911.

Frederick C. Leeds to Myrtle Mott, of Amelia, O., July 27, 1911.

OBITUARIES.

Berg, Samuel R., Iowa Eclectic College, 1889, at Warrensburg, Mo., September 19, 1911.

Boulware, L., Philadelphia, 1870, at Midland City, O., August 17, 1911.

Brewer, Frank M., Bennett Medical College, Chicago, 1885, at Fort Atkinson, Wis., July 4, 1911, aged forty-eight.

Browne, Wm. S., Bennett Medical College, Chicago, 1875, at his home in Opolis, Kan., August 21, aged sixty-seven.

Crispell, Edward D., Eclectic Medical Institute, Cincinnati, 1886, at his home in Leadville, Colo., September 12.

Davis, Orin, Eclectic Medical Institute, Cincinnati, 1846, at his home in Sawtelle, Cal., September 20, aged eighty-eight.

Davis, Wm. Hope, Eclectic Medical Institute, Cincinnati, 1865, at his home in San Antonio, Texas, August 5, 1911, aged seventy-three.

Dollison, G. W., at his home in Logan, O., August 16, aged eighty-two.

Foster, H. Jefferson, Eclectic Medical Institute, Cincinnati, 1882, at his home in Cuchamonga, Cal.

Gody, John T., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1894, at Griffin, Ga., aged sixty.

Hamblett, Lorenso D., Eclectic Medical College of Maine, Lewistown,, 1885, at his home in York Beach, Me., August 24, aged eighty-four.

Hoag, Charles M., Eclectic Medical Institute, Cincinnati, 1907, at his home in Judsonia, Ark., August, 19, aged twenty-nine.

James, John T., Lincoln Medical College, Lincoln, Neb., at Lincoln, September 20, aged forty.

Jones, Thomas Hodge, Eclectic Medical Institute, Cincinnati, 1879, at his home in Springfield, Mo., April 24, aged seventy.

Low, Phœbe, Eclectic Medical College of Pennsylvania, Philadelphia, 1872, at her home in Liberty, N. Y., August 24, aged seventy-three.

McElhinney, F. B., Eclectic Medical Institute, Cincinnati, 1875, at Marion, O., September, 20, 1911.

McMillin, Bishop, Eclectic Medical Institute, 1881, at McMillin's Sanitarium, of chronic nephritis, November 15, 1911.

Merrill, Wm. Wallace, Bennett Medical College, Chicago, 1880, at his home in Rensellaer, Ind., August 29, aged fifty-four.

Miesse, Gabriel, Eclectic Medical Institute, Cincinnati, 1847, at the home of his cousin in Columbus, O., September 11, aged seventy-five.

Pratt, J. Walden, Eclectic Medical Institute, 1877, at Marengo, O., June 13, aged fifty-five.

Stevens, Daniel, Bennett Medical College, Chicago, 1878, at his home in Fairfield, Neb., September 1, aged seventy-four.

Warren, John Alfred, Eclectic Medical Institute, 1873, at Greenville, Ill., July 29, aged seventy-five.

BOOK REVIEWS.

Lectures on Homeopathic Materia Medica. Second edition. Cloth, $7.00 net; half morocco, $8.00 net. Postage 30 cents. Philadelphia, Boericke & Tafel, 1911.

In this second edition many remedies have been added and the entire

book revised, so we are informed in the preface to the second edtiion. The arthor's style of writing is unique, and no doubt original. Its originality makes the reading interesting. We have carefully read many of the remedies with whose use we are best acquainted, and have been interested and profited. Too little attention is given to therapeutics, and the book before us can be studied with profit by those interested in the internal use of remedies and who prefer some degree of certainty in its administration rather than a haphazard method.

HERSELF; TALKS WITH WOMEN CONCERNING THEMSELVES. By E. B. Lowry, M.D., Chicago. Forbes & Company, 1911, $1.00.

Within the past year we have had occasion to review "Confidences, Talks with a Girl Concerning Herself," and "Truths, Talks with a Boy Concerning Himself," written by the same author. The book is written not for the physician, but for the woman, so that she may become reasonably intelligent regarding herself, the care necessary for the maintenance of health. In it we find also chapters devoted to a consideration of venereal diseases and their dangers. The question of sexual hygiene, its relation to the people and how to teach it is receiving much attention in medical literature. Each writer solves it to his own satisfaction. This book placed in the hands of the laity will teach them, in a sane, intelligent manner, the questions of sexual hygiene. It touches the subject from all sides, ethically and morally.

BOOKS AND PAMPHLETS.

"The Lloyd Library Botanical Park and Arboretum," by John Uri Lloyd. This embraces a description of a tract of land devoted to the purposes the above title denotes. It is the gift of Prof. J. U. Lloyd, his wife and Mr. Curtis G. Lloyd. It is only twenty-five miles from Cincinnati, and situated in a beautiful region of Kentucky. The deed of conveyance provides that no live tree or trees nor shrub shall be cut or destroyed, except undergrowth, the removal of which would benefit the forest.

"Removal of Foreign Bodies from the Esophagus and Bronchus " (illustrated), by Chas. F. Bowen, Ph.C., M.D., Columbus, O.

Association of American Medical Colleges, proceedings of the twenty-first annual meeting, held at Chicago, February 27-28, 1911.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, WASHINGTON, D.C., JUNE 18, 1912.

President, A. F. Stephens, M.D., St. Louis, Mo.
First Vice-Pesident, G. F. Fuller, M.D., Mayfield, Ky.
Second Vice-President, Thomas Owings, M.D., Hinckley, Ill.
Third Vice-President, Nannie M. Glenn, M.D., State College, Pa.
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Corresponding Secretary, W. N. Mundy, M.D., Forset, O.
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North Carolina .....
North Dakota .....N. A. Hergstrom, Cooperstown.
Ohio .....J. K. Scudder, Cincinnati, 630 W. Sixth St.
Oklahoma .....F. S. Peck, Oklahoma City.
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Pennsylvania .....J. M. Mulholland, Pittston.
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West Virginia .....S. W. Bush, Parkersburg.
Wisconsin .....C. H. Oliver, Cambridge.
Wyoming .....W. A. Wyman, Cheyenne.

Applications for Membership.

The following applications for membership have been received from August 20 to November 20, 1911:

ALABAMA

Daniel, J. W., Midland City

CALIFORNIA

Atkins, A. J., 801 Shreve Building, San Francisco
Conrad, A. O., 517 Br'dway, Los Angeles
Mason, W. N., Lodi
Mercer, E. H., 111 Ella St., San Francisco

GEORGIA

Brantley J. Q., Atlanta
Lee, S. B., Red Oak.
Patterson, G. W. D., Atlanta
West, G., Carrolton
Yolt, O., Atlanta

ILLINOIS

Watson, J. E., Alton

INDIANA

Ashabranner, New Albany

KENTUCKY

Alexander, H. L., Fulton
Beck, C. K., Smith's Grove
Carriker,, M. A., Nebraska City
Fuller, T. L., Mayfield
Huff, J. P., Plummer's Landing
Johnson, F. L., Livia
Simpson, L., Lowes

MICHIGAN

Bell, V. L., Grand Rapids
Bennett, Mrs. R., Detroit
McLachlan, C., Elwell
McLaughlin, N., Lake Odessa
Murphy, C. H., Lansing

NEVADA

Hascall, C. A., Fallon

NEBRASKA

Baker, F. L., Bladen
Campbell, J. N., Stanford
Carr, J. N., Fairmount
Carricker, M. A., Nebraska City
Deffenbaugh, M. H., Grand Island
Dugan, W. F., Grand Island
Gorden, G. O., Lincoln
Gray, C. R., Osceolo
Hilton, J. H., Table Rock
Howard, R. E., University Place
Jones, E. L., Greenwood
Lutgen, C. A., Auburn
Myers, W. A., Lincoln
Rickard, G. W., Lincoln
Shike, W. E., Lincoln
Smith, H. C. Franklin
Townsend, W. R., Lincoln

OHIO

Ayres, D. C., Toledo
Basinger, A. P., Pleasant Plains
Behymer, Ed., Cincinnati
Graham, W. H., South Charleston
Herring, A. N., DeGraff
Jenkins, J. H., Rushmore
McCally, J. R., Dayton
Naus, L. W., Upper Sandusky
Russell, A. R., Hamler
Severns, B. F., Alger
Swanson, John, Cincinnati, 528 Walnut St.

WISCONSIN

Haney, F. C., Watertown
Kraft, F. A., Milwaukee
Pechuman, W. F., Beloit
Quade, E. B., Wausau
Rodecker, C. W., Holcombe
Thompson, Ira F., Reedsburg

The Arkansas Society meets at Little Rock, May 13-14; the Texas Society at Waco, May 15-16, and the Oklahoma at Oklahoma City, May 17-18. Attention is called to these dates.

SOCIETY CALENDAR.

1. National Eclectic Medical Association.—President, A. F. Stephens, St. Louis, Mo.; Secretary, Wm. P. Best, Indianapolis, Ind. Washington, D. C., June 18-21, 1912.

2. Albany and Saratoga District Medical Society.

3. American Eclectic Materia Medica Association.—President, S. A. Abbott, Taunton, Mass.; Secretary, A. W. Smith, Berwyn, Ill.

4. Arkansas Eclectic Medical Society.—President, W. H. Simmons, Rector; Secretary, R. M. Jernigan, Fitzhugh. Little Rock, May 13-14, 1912.

5. Boston District Eclectic Medical Association.—President, W. Clark; Secretary, Pitts Edwin Howes. Monthly, excepting July and August.

6. Brookly Therapeutic Society.—Secretary, A. B. Wolf, Brooklyn. Quarterly.

7. California Eclectic Medical Society.—President, L. Vandre, San Francisco; Secretary, H. Ford Scudder, Redlands. San Francisco, May 23-25, 1912.

8. Central New York Eclectic Medical Society.

9. Chicago Eclectic Medical and Surgical Society. Monthly.

10. Colorado Eclectic Medical Society.—President, J. A. Dungan.

11. Connecticut Eclectic Medical Society.—President, James E. Hair, Bridgeport; Secretary, T. S. Hodge, Torrington. Semi-annually. May 14, 1912.

12. Dayton Eclectic Medical Society.—President, W. H. Swisher, Dayton; Secretary, J. C. Newcomer, Dayton Third Friday of each month.

13. Eclectic Medical Society of the City and County of New York.—President, Charles Lloyd; Secretary, H. Harris. Third Thursday of each month.

14. Florida Eclectic Medical Association.

15. Fort Wayne Eclectic Medical Society.—President, G. A. Barry; Secretary, J. E. Morris. Monthly.

16. Georgia Eclectic Medical Association.—President, J. H. Powell, Atlanta; Secretary, G. W. D. Patterson, Atlanta. Atlanta, 1912.

17. Illinois Eclectic Medical Association.—President, Walter R. Schussler, Orland; Secretary, Wm. E. Kinnett, Peoria. May 8, 1912.

18. Indiana Eclectic Medical Association.—President, T. S. Turner, Lebanon; Secretary, J. D. McCann, Monticello. Indianapolis, 1912.

19. Iowa Eclectic Medical Society.—President, L. E. Eslick, Rockwell; Secretary, B. C. Minkler, DesMoines. DesMoines, May, 1912.

20. Kansas Eclectic Medical Association.—President, J. C. Entz, Hope; Secretary, O. C. Baird, Chanute. Kansas City.

21. Kansas City Society.—Semi-monthly.

22. Kentucky Eclectic Medical Society.—President, L. F.Robbins, Salt Lick; Secretary, Lee Strouse, Covington. Louisville, May, 1912.

23. Kentucky Central Auxiliary.—President, J. H. Schultz, Jeffersonville; Secretary, T. A. E.Evans, Farmers. Richmond, November, 1911.

24. Kentucky Eastern Auxiliary.—President, D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton. Ashland, April, 1912.

25. Kings County Eclectic Medical Society.—President, Theo. Adlerman; Secretary, A. W. Wolf.

26. Los Angeles County Eclectic Medical Society.—President, J. F. Barbrick, Los Angeles; Secretary, P. M. Welbourn, Los Angeles.

27. Maine Eclectic Medical Society.—President, S. A. Abbott, Taunton, Mass.; Secretary, F. W. Abbott, Taunton, Mass. Portland, May 24, 1912.

28. Massachusetts Eclectic Medical Society.—President, Sylvina Abbott, Taunton; Secretary, Pitts Edwin Howes, Boston. Boston, June, 1912.

29. Michigan Eclectic Medical Society.—President, C. H. Murphy, Lansing; Secretary, J. E. G. Waddington, Detroit. Lansing, June 5, 1912.

30. Missouri Eclectic Medical Society.—President, H. H. Helbing, St. Louis; Secretary, Emmett F. Cook, St. Joseph. St. Louis, May, 1912.

31. Missouri Valley Eclectic Medical Association.—Secretary, John C. Story, St. Joseph.

32. Minnesota Eclectic Medical Society.

33. Nebraska Eclectic Medical Society.—President, C. W. Jester, Bethany; Secretary, S. J. Stewart, Kenesaw. Hastings, May, 1912.

34. New England Eclectic Medical Association.—President, Jas. T. Tonks, Westbrook, Conn.; Secretary, F. W. Abbott, Taunton, Mass.

35. New Hampshire Eclectic Medical Society.

36. Northeastern Ohio Eclectic Medical Association.—President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.

37. Northwestern Ohio Eclectic Medical Society.—President, J. H. Jenkins, Rushmore; Secretary, A. M. VanHorn, Findlay. Quarterly.

38. New Jersey Eclectic Medical Society.—President, G. C. Young, Washington, D. C.; Secretary, G. E.Potter, Newark. Semi-annual. October, 1911.

39. New York Eclectic Medical Society.—President, T. D. Adlerman, Brooklyn; Secretary, Earl H. King, SaratogaSprings. Albany, March 27, 28, 1912.

40. New York Specific Medication Club.—Secretary, C. Griel. Second Thursday of each month.

41. Northwestern Indiana Eclectic Medical Society.—Secretary, W. F. Smith, Huntington.

42. Ohio Central Eclectic Medical Society.—President, Wm. E. Postle, Columbus; Secretary, C. M. Deem, Columbus. Monthly.

43. Ohio Eclectic Medical Association.—President, J. J. Sutter, Bluffton; Secretary, W. N. Mundy, Forest. Columbus, May 14-16, 1912.

44. Oklahoma Eclectic Medical Society.—President, F. S. Peck, Oklahoma City; Secretary, H. G. Stagner, Guthrie. Oklahoma City, May 17, 18, 1912.

45. Oregon Eclectic Medical Association.—Secretary, Byron E. Miller.

46. Pennsylvania Eclectic Medical Association.—President, W. O. Keffer, Frugality; Secretary, M. V. Hazen, Titusville. Harrisburg, May 23, 24, 1912.

47. South Dakota Eclectic Medical Society.—President, W. F. Collins, Howard; Secretary, J. C. Greenfield, Avon. Madison, May, 1912.

48. Southern California Eclectic Medical Association.—President, H. V. Brown, Los Angeles; Secretary, A. J. Lawrence.

49. Southwestern Ohio Eclectic Medical Association.—President, O. P. McHenry, Hamilton; Secretary, J. L. Payne, Cincinnati. Bi-monthly.

50. Sullivan County Eclectic Medical Society.

51. Tennessee Eclectic Medical Association.—President, W. H. Halbert, Nashville; Secretary, B. L. Simmons, Granville. Nashville, May 21, 1912.

52. Texas Eclectic Medical Association.—President, M. F. Bettencourt, Ft. Worth; Secretary, H. H. Blankmeyer, Aransas Pass. Waco, May 15-16, 1912.

53. Vermont Eclectic Medical Association.—President, J. B. H. Cushman, East Charleston; Secretary, P. L. Templeton, Montpelier. Montpelier, June 5, 6, 1912.

54. Washington Eclectic Medical Association.—President, T. J. Piersol, Tacoma; Secretary, N. M. Cook, Seattle. Tacoma, August, 1912.

55. Western Ohio Eclectic Medical Association.—President, Guy J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly.

56. Western New York Eclectic Medical Society.

57. West Virginia Eclectic Medical Association.—President, M. H. Waldron, Naugatuck; Secretary, W. B. Hartwig, Anthem.

58. Wisconsin Eclectic Medical Society.—President, Ira Fay Thompson, Reedsburg; Secretary, F. C. Haney, Watertown. Devil's Lake, June, 1912.

LITERATURE WORTH READING.—The valve of heat as a therapeutic agent has been so conclusively proven that it will admit of no further argument.

The difference, however, between convective heat in contradistinction to radiant heat is a subject in which the professoin generally is interested.

Convective heat is particularly applicable in cases where radiant heat is not indicated, and the reverse is quite true. Their differential thermic value is clearly set forth in the October issue of the Bloodless Phlebotomist, along with an interesting paper by Dr. David MacIntyre, a Cunard surgeon, upon "Drugs at Sea."

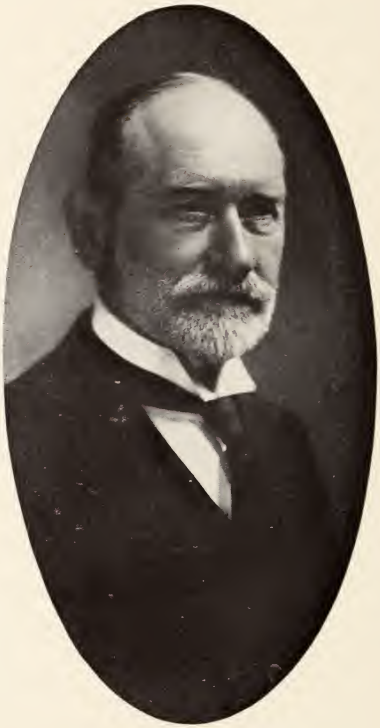
In the same issue of the Phlebotomist, Dr. Edward Parrish, of Brooklyn, presents his methods of treating Tic Douloureux, and Dr. Leverett, of Yonkers, relates his experience in the successful handling of ivy poisoning cases, which in many instances are quite as intractable to handle as Tic Douloureux.

In addition to these papers, much other interesting and instructive material is given, and it is worth while to write to The Denver Chemical Co., New York, for a copy of the Bloodless Phlebotomist for October, which they will send upon request.

RHEUMATISM.—"Of the many diseases characterized by serious complications and consequences, acute articular rheumatism is one of the most important. Its frequency in children, its prolonged and painful course, and its tendency to produce permanent cardiac lesions invest it with gravity, so far as the future of the patient is concerned, which its low mortality during the attack does not materially mitigate. Carr says it should be considered next in importance to tuberculosis among the diseases of early life."

"Those under middle age are most frequently affected, and epidemics occur quite constantly during the fall and spring months. The influence of season can be explained, in a great measure, by the effect of heat and cold upon cutaneous elimination. Those who in the past considered uric acid as the causative agent of this ailment were influenced a great deal by this, and did not know that those retained toxic products lowered the protective agents of the body, and thereby lessened its resistance to infection. It is a well established therapeutic dictum that in toxic or infectious processes eliminative measures should be employed to increase resisting power. Phagoctosis and immunity bear a direct ratio, and when lowered invite disease."

No elimination will give more prompt and satisfactory results that tongaline, which has been used so successfully for nearly thirty years in the treatment of rheumatism, neuralgia, grippe, gout, nervous headache, malaria, sciatica, lumbago, tonsilitis, heavy colds and excess of uric acid.



Lyman Watkins, M.D.,
Born May 1, 1854; died January 21, 1912.
(See page 258.)

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME III. CINCINNATI, MARCH, 1912. NUMBER 3.

SURGERY OF THE THYROID GLAND AND ADJACENT TISSUES.

L. E. RUSSELL, A.M., M.D., CINCINNATI, O.

On April 21, 1878, I performed the first successful goiter operation in America on Miss Hall, living nine miles in the country south of Springfield, Ohio. The operation was for the cure of advanced Graves' disease, and was performed with the ordinary instruments in a pocket case, consisting of bistouries, the squirrel-tooth dissecting forcep and a grooved jaw forcep, similar to our hemostat. It was an instrument often used by the country physician in pinching out cherry-stones from the nose and ears, or small polypoids from the nasal cavity of the patients of those days. At this time it was an improvised hemostat except the locking catch on handle, which was made to hold the instrument in place by tying the handles with a silk string.

The patient, Miss Hall, had been confined to a rocking-chair for many months, unable to lie down in bed. She had bulging of the eyes, palpitation of the heart (tachycardia), shortness of breath, extreme tremors of the limbs, night sweats, loss of hair, extending back to near center of head, dropsical effusion in the cellular tissue, and, to this add a very nervous, excitable condition, dizziness and fear of impending danger, requiring the care of some one of the family night and day. The patient was emaciated and quite anemic, and answered truly the description given by Dr. Graves and the German author, Basedow.

By reference to the photo-engraving, Fig. 1, it will be noticed that the incision commenced just below the lobe of the right ear and extended downward over the clavicle, the dissection extending anterior to the sterno-cleido-mastoid muscle, including the fascia and part of the muscles; just underneath this dissection the large thyroid gland (which is shown in the glass jar on the table at the right of the patient) was approached from the highest point in the cervical region. The gland was dissected loose from its lateral and posterior attachments and forced out through the edge of the incision, until we came to the isthmus of the thyroid gland. Just at this time and place a severe hemorrhage was encountered by a spurting blood-vessel, throwing blood nearly to the ceiling. The little forceps heretofore described were driven into the wound and the handles closed, thus causing cessation of the excessive hemorrhage, and to make the forceps like our

hemostats of to-day, Dr. McLaughlin, my assistant, tied a strong thong of silk around the handles. This, then, made the first surgical hemostat, which remained on the blood-vessel, the handles projecting outside of the wound for thirty-six hours, when they were removed. The wound healed nicely, as shown in the photo-engraving. The patient made an uninterrupted recovery, as the illustration will show, which was taken about a year following the operation.

I made a report of this case to our Prof. A. J. Howe, detailing carefully the conditions under which I operated, and the successful recovery of the patient. Professor Howe, at that time, very promptly denied the possibility that my operation was a cure for a patient having aggravated Graves' disease, claiming that such an operation had never been performed successfully in this country, and that if I had done it I was the first or pioneer in goiter operations in America. Some two years afterward at a State meeting held in Springfield, O., I read an article on thyroidectomy, and presented the patient and thyroid gland to the association. It was then that our Professor Howe, one of the greatest surgeons of his time, made a careful examination of the patient, and acknowledged that this was a successful thyroidectomy, and that I should be accorded credit as being the first operator of a successful thyroidectomy for cure of Graves' disease in America.

The next illustration (Fig. 2) shows one of the largest multiple goiter glands removed and reported by any operator in the new or old world. This patient was brought to the clinic at the Seton Hospital suffering with all the tortures that can obtain in a patient that has long endured such an enormous growth of the thyroid glands. The woman measured thirty-two and one-half inches around the neck. This circumference was taken across the most prominent part of the tumor growth, and, as you will notice on the photo-engraving, there could not have been very much chance for larger extension. She had the extreme tremor of the hands, the rapid pulse, in excess of 150, night sweats, swelling of the limbs, dizziness, nausea, poor digestion of food, much of it passing the bowel only partly digested, and inability to lie down and sleep; she was a picture of what we have in these advanced cases of lesions of the thyroid gland. Partial loss of vision on account of bulging of eyeballs, changing the focus of eyes.

In the removal of the gland I made an incision over the posterior part of the left lobe across the anterior surface, extending just below the isthmus of the thyroid and across onto the opposite or right gland, an incision fully twelve inches in length. The dissection was carried down through the skin, fascia and muscles, covering the anterior part of the neck, and continued, removing the left lobe first, securing the blood-vessels with two or three hemostats, and then assailing the right lobe, pulling it up out of its bed, which extended down under the clavicle, leaving a cavity into which a child's head could be pushed. In this case I removed the isthmus of the thyroid gland and both right and left glands, which weighed approximately eight pounds.

By reference to Figure 3, the extension of the dissection is very plainly

Fig. 1.—Miss Hall,. Operati n April 21, 1878.

Fig. 2.—Mrs. A., of Quincy, O. Measurement around neck, 32½ inches.

Fig. 3.—Extent of dissection in Mrs. A. The paratyroids, showing right side of wound.

manifested. I left the parathyroids and a little of the posterior part of the right gland.

The illustration (Fig. 4) shows the severed tissue ready for suturing. This patient made an uninterrupted recovery, leaving the hospital within three weeks following operation. There was no manifestation of any special lesion in her case until some six months after the operation, when it was discovered that she was gradually losing the sight of both eyes. She complained of everything looking smoky and dark. I presented her to our State meeting at Springfield, O., 1910, and on examination we found that she had traumatic cataract. My friend, Dr. Green, of Dayton, removed the lenses after his method of the Smith operation, and the patient now has good eyesight and good health.

In Fig. 5 the exposition of the size of the tissues removed are made manifest by the engraving of the tumor, surrounded on two sides by the foot rule. The measure shows eight inches long from apex of gland to thick bottom part, that extended below the clavicle. You will see just above R and S on the gland the depression made by pressure against the clavicle, the lower part pressing against space for apex of lungs.

In this case there was so much pressure across the trachea that the rings were entirely absorbed, and there was only a slight film of tissue between the inside and outside of the trachea. She had nearly reached the stage of collapse of the trachea, and suffocation and strangulation would surely soon have followed.

It seems from all time, comparatively speaking, the physician and pathologist have considered Graves' or Basedow's disease a lesion of the thyroid as incurable, and thousands have gone to their long home with utter hopelessness of relief, from the disease described by the great teachers Graves and Basedow. A lesion of the thyroid that will bulge the eyes and keep them protruding until the gland is removed is a frightful condition. There is more pathology and more danger and more to be feared in lesions of the thyroid gland than has ever heretofore been considered by our surgeons of the past. When you examine a patient of middle age, and as she extends her hand for you to examine her pulse, you see the constant tremor as of the aged, you feel the rapidly moving pulse, and you notice the short breathing, and the patient complains of a pressure in her throat, as though she would choke; inability to sleep, inability to properly digest food, of excessive night sweats and of many other symptoms too numerous to mention in an article of this kind, then you have a picture of a patient beyond the ordinary, and your case is one of a surgical nature, and should be promptly dealt with by surgical interference.

Medication is of little avail except of a temporary nature. The best remedy to give is hydrobromide of quinine in three to five grain doses three times a day, followed by specific pulsatilla and specific tincture of digitalis. Sometimes, I might say quite often, there is a pelvic reflex lesion that has to do with goiters in the earlier stages, in which event attention by medication

and surgical interference by way of correcting lesions in the pelvis will be of great good to the patient.

The next photo-engraving (see Fig. 6) is that of a patient in the practice of the Drs. Rauch, of Johnstown, Pa. This patient had the clinical picture quite like that present in Case II, only not so far advanced or matured, yet she was rapidly developing the signs and symptoms of Graves' disease.

Photo-engraving No. 7 represents the entire gland, right and left lobe, and isthmus removed. Between Figures 1 and 2 the cavity or part adjacent to the trachea shows. This photograph was taken some three weeks following the operation.

I have in this description of these cases given a partial outline of the conditions that obtain in lesions of the thyroid gland, and I beg of you to study and restudy cases of this kind in your practice. The illustrations represent the most severe cases, for the purpose of showing how a case may go on from bad to near the point of destruction, and how late an operation can be performed and the patient recover.

I would not have you unmindful of the fact that the lesser lesions of the thyroid do not often make manifest the conditions that are found in the major cases, and, unless the case is thoroughly and scientifically investigated, the patient may go a long way towards destruction with but little manifestation of a lesion of the thyroid gland; that is to say, oftentimes a small thyroid gland, by its poisoning, does more apparent harm to the patient than does many of the larger tumors of the thyroid, a hyperthyroidism, an excess of iodine absorption.

The next lesion which I wish to present is fairly well represented by the photo-engravings (Figs. 8 and 9), being an anterior and posterior view of a sarcoma involving parotid and thyroid glands. This is a sarcoma, and quite unlike the character and life of the sarcoma, two glands are assailed with equal destructive tendencies, and the patient endured this condition for a long time, unable to find a surgeon willing to undertake the task of removal. If you will make a comparison of this tumor with that of the patient's head, you will see on the posterior view that the tumor is much larger than that of the head and that it extends out beyond the shoulder, the whole mass removed weighing about fifteen pounds. The patient made a very speedy recovery with very little deformity and with but a slight paralysis, scarcely noticeable in the features. These enormous growths of the sarcoma only emphasize the importance of an early diagnosis and a strong recommendation for immediate surgical interference, as the growths will eventually destroy themselves and the patient. If they are early removed, with a complete enucleation, then there is little danger of a recurrence. The best method of assailing these large tumors is to commence the line of your incision at the apex of the tumor, making an elliptical incision downward a sufficient distance, so that in the enucleation and the pulling outward of the tumor the blood-vessels may be seen and secured with hemostats before they are severed. By so doing very little loss of blood ensues; hence little shock and a

Fig. 4.—Mrs A. The wound surfaces placed in apposition for suturing by the use of tenacula hook forceps.

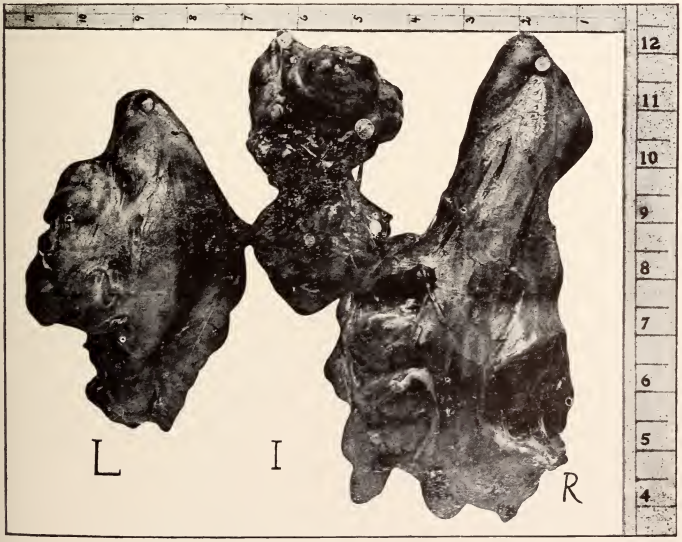


Fig. 5.—Thyroid glands removed, Mrs. A.

FIG. 6.—Mrs. Q., of Johnstown. Photo made ten days after removal of glands.

FIG. 7.—Thyroid glands removed from Mrs. Q. Both lobes of the thyroid removed. In the center of the two glands at Nos. 1, 2 you will see the impression of the track of trachea

FIG. 8.—Sarcoma.

FIG. 9.—Posterior view.

Fig. 10.—Combined sarcoma of parotid and cervical glands.

Fig. 11.—Sarcoma of cervical gland.

speedy recovery of the patient; while if there is great delay in the removal of the sarcoma, and they break down and make a departure from their encapsulated sac, other tissues become involved, and then the removal of the sarcoma is of little avail.

In Fig. 10 we have an illustration of a patient with a combined sarcoma of the parotid and cervical glands, without any advance or lesion of the thyroid. An elliptical incision was made in this case from the apex of the tumor downward to near its base, just underneath the ear, and this skin, with the ear reflected backward and the apex of the tumor pulled forward and downward and the exposed blood vessels secured and the nerves pushed to one side uninjured. Enough tissue was gathered from over the region of the parotid to make a nice smooth coaptation of the incised wound without leaving much of a scar, and the patient made an uninterrupted recovery without paralysis, and thus far three years have elapsed since the operation without recurrence.

The last case was presented to the clinic by Dr. Mulloy, of Newtown. It is well illustrated by the photo-engraving (Fig. 11), a sarcoma of the cervical gland, patient seventy-five years of age. The inferior maxillary gland was assailed some fifteen years ago, and grew to about the size of a man's fist, when it seemed to cease in its advance for several years, but within the last year it had nearly doubled its size and took on an advancing malignancy that gave warning of an early destruction of the patient, except by prompt surgical interference. This case, although far advanced in years and enfeebled by senile decline, made an uninterrupted, speedy recovery.

I have thus graphically illustrated and described some of the cervical lesions that assail the human family and tax the ingenuity and skill of the surgeons who would conquer in this anatomical field.

I thank the members of the National Convention for this indulgence.

THE SURGICAL ASPECT OF THE THYROID GLAND.

Emmett F. Cook, M.D., St. Joseph, Mo.

To Prof. Theodore Kocher, of Berne, Switzerland, perhaps more than any one is due the credit of placing the surgical attacks upon the thyroid on a firm basis. Charles Mayo, of Rochester, Minn., has done much to extend our knowledge of the diseases of the gland and their successful surgical treatment. Kocher's contributions, however, have revolutionized work upon the thyroid and entitled him to the name of the "Father of Modern Goiter Surgery."

The thyroid gland presents one of the most interesting problems to the physiologist, the anatomist and the surgeon. Physiologists have greatly enriched our knowledge of the ductless glands, and especially is this true of the thyroid. There is no more any question but what the thyroid and parathyroid play a very important part in the metabolism of the body. This gland in its normal condition weighs from one to one and a half ounces,

has two lobes connected by the isthmus. It is situated in front of the trachea, to which it is firmly fastened. It is surrounded by a capsule, which aids in fixing it to the tracheal rings and the thyroid cartilage. If you will consider the small size of the gland and its intimate and firm attachment to surrounding structures, it is not difficult to understand how serious pressure symptoms develop from enlargement of the gland or of tumors in it. In the immediate neighborhood are many important blood-vessels and nerves which are certain to suffer at times from pressure, especially if it be of long standing. In this paper I shall consider only those cases which are given up by the medical men to be purely surgical. Only a short time ago operative measures on the thyroid were undertaken only as a last resort. As we all know, "last resort operations" generally are fatal, at any rate the mortality is extremely high. In many cases the patient was already moribund when he or she came into the hands of the surgeon. But it was a choice of the two evils. It was known that even should the patient survive operation he or she might develop a terrible skin disease, and in all probability become "foolish," or should the parathyroids be removed, the patient would immediately be attacked with tetany. Within the past year physiologists have demonstrated that the tetanic condition following the removal of the parathyroids can be cured by the intravenous injection of 15 to 20 grains of chloride or phosphate of calcium repeated frequently. In fact, thyroid surgery has progressed steadily until to-day. According to statistics we have surgeons with large series of cases with the wonderful low mortality of 2 or 3 per cent., with the majority of the patients cured and the remainder greatly benefited.

Goiters develop in the line of least resistance. The site of development of any growth in the thyroid naturally alters the symptoms. It must be remembered that a very small goiter developing in some localities, as the isthmus, and pressing inward, may give rise to very troublesome symptoms, and goiters may attain a large size, and except for their weight and disfigurement, cause very little trouble. The trachea and esophagus usually suffer greatly from pressure, causing difficult breathing and deglutition. These cases suffer more after exertion. The part of the gland affected is of prime importance. Struma developing in the inferior horn is one of the most troublesome, since it encounters great resistance on all sides. These goiters may push the trachea to one side and appear as a median tumor, or they may press upon and grow toward the trachea, owing to the external muscular resistance. Such a goiter would at first move up and down with each inspiration, but finally it becomes lodged behind the first rib, where it continues to enlarge and cannot be pushed upward. A persistent cough may be the only symptom of these median goiters, which, in some cases, are not larger than a good-sized cherry.

The common carotid artery and jugular vein may become displaced and greatly distorted by large goiters, giving rise to vertigo, dyspnea and headache. The large nerve trunks, as the vagi and recurrent laryngeal, at times become paretic from the continued pressure. The voice is often affected.

Frequently after operation the voice symptoms are exaggerated, leading the surgeon to believe he has injured the nerve.

One of the most important symptoms to consider is the effect of goiter upon the heart. Many patients never consult a doctor until this symptom presents. The term "goiter heart" is often used in describing this condition. The increased pressure upon the veins will cause interference with respiration, thus producing dilation of the right heart. This condition, due to pressure upon the blood-vessels, is the most important, aside from hyperthyroidism. Both chambers of the heart may become dilated, thus affecting the general circulatory system to the extent that it may contraindicate operation in advanced cases.

In many cases the thyroid becomes enlarged so much as to render the deformity an important consideration. In the past about all the doctor has done when consulted relative to this deformity was to give the patient instruction to paint the gland with iodine. In the future I predict, when the results of properly executed surgery upon the thyroid become better known, it will likely be as rare to see the unsightly deformity present in some goiter cases as it is to observe large ovarian cysts at the present time.

Tumors of the thyroid are most common in the female sex, but are not rare in the male. Some of them are of fetal origin, and generally remain dormant until puberty or during lactation, when suddenly they hypertrophy and fail to subside. Most cases that come to the surgeon have previously been treated with iodine or perhaps the thyroid extract. From experience I have discovered that should this treatment be used the patient should be kept under close observation for fear of bringing on symptoms of hyperthyroidism. This is most apt to happen in exophthalmic goiter. When operating, should colloid from the thyroid be squeezed into the wound or leak into it later, it is absorbed and may produce acute thyroidism. The symptoms always appear within forty-eight hours, and usually within twenty-four hours. Sometimes they arise quickly after operation. In some cases the patient never reacts from operative shock, but develops a very rapid pulse, intense dyspnea, and dies in a few hours. In less severe cases there is a circulatory excitement and elevated temperature. To prevent acute thyroidism the stump should be cauterized, the wound washed out thoroughly, the capsule sutured over the raw stump of the gland and drainage inserted.

Operation for Extirpation of Thyroid Gland.—You had better be well prepared to check hemorrhage. Provide yourself well with instruments adapted for that purpose before attempting the operation. Never undertake to do this operation outside of a well-equipped hospital. Remember that during any operation for the removal of goiter sudden death may occur. In some cases a general anesthetic is responsible. In others suffocation arises from pressure upon or bending of the trachea. Dangerous dyspnea may arise from irritation of the laryngeal nerves, and cardiac inhibition may be induced in the same manner.

Place the patient in the recumbent position, with the shoulders raised

and the neck laid upon a sand pillow so as to throw the head back as far as is consistent with comfortable respiration. In making the incision I have always gone down directly over the gland, giving myself plenty of room to work unhampered. This will usually make the incision shaped somewhat like an incomplete horse shoe, with the convexity pointing downward. Each layer is divided separately and carefully, stopping all hemorrhage as you proceed. In tying the vessels it is a good plan to place your ligatures before dividing. The muscles running from the sternum to the hyoid bone may in some cases be separated with the fingers and handles of your scalpel, but should the tumor be large the muscles must be divided high up. The capsule of the lobe is now exposed and separated from adjacent structures. Beginning at the upper part of the gland, dissect downward until you reach the superior thyroid vessels, and divide between two ligatures. Now clear the lower portion of the lobe and tie, looking out for the laryngeal nerve. Place your ligature close to the gland in order to avoid the nerve. This is important. Now you may lift the gland from the wound sufficient to locate the isthmus, which is clamped, ligated and cut, being careful to avoid squeezing any colloid into the wound, which would soon be absorbed and produce acute thyroidism. Now that the isthmus is divided, secure all bleeding points and cauterize the stump with carbolic acid and alcohol. Suture the divided muscles, layer by layer, with catgut and insert drainage. I have closed the skin in all my cases with silkworm-gut. The patient is now placed in bed and carefully watched for untoward symptoms, and should they arise they must be vigorously treated as before described in this paper. In only one case after operation have I seen any bad symptoms, which yielded to treatment in less than thirty-six hours. The parathyroids have not been removed in any of my cases.

In the preparation of this paper I am indebted to my textbooks and various medical journals for the history of the beginning of thyroid surgery, but the operation as here described is not copied after any one, as I never saw a thyroidectomy until after I had removed two myself.

DISCUSSION.

Dr. Eben B. Shewman (Cincinnati, O.): The thyroid gland I consider one of the important ductless glands of the body, when we take into consideration that it must have been considered important in the human economy, that nature has so placed the blood-vessels that it is better supplied with blood than the brain. The entire blood of the body passes through the thyroid gland once every hour, so with this blood supply it must fill a very important part in the body.

Next to the thyroid gland is its relations and structures, and one of the most important is the parathyroid body. The physiological treatment is very important, and I believe that surgery, instead of getting away from the physiological treatment, is getting back to it.

The intrinsic secretions of the thyroid gland are very important, and in dealing with these cases surgically we find the secretions themselves play a very important part in the metabolism, and if we do not consider this fact, we do have unfavorable conditions following a complete thyroidectomy. It has been proven that a large percentage of the cases in which there has been

complete excision of the gland the average life of the patient is only about seven years. It is therefore better in removing this gland to leave a little, as it will secrete and take on the normal function.

The parathyroids are also important, and we should not fail to take them into consideration. They receive their blood-supply from the inferior thyroid artery, and they have an antitoxic function.

Another thing is the case of hyperthyroidism. We treat them either for simple goiter or for hyperthyroidism. But you may have a simple goiter without hyperthyroidism, and therefore every case is not operable. You must select these cases, and operate only when operation is indicated. It may be become necessary, on account of the long standing of the chronic hyperthyroid to ligate. It is necessary to study each and every case that comes to you. We do not always find exophthalmia in these cases. You may have exophthalmia without involving the thyroid gland. It has also been assumed that with exophthalmia there is a reversion at some period, and it may be a complete reversion, and that is where the operators claim to have done the work, when, in fact, nature has done the work after an operation for simple goiter.

Dr. J. S. Hagen (Cincinnati): One point is the ligation of the blood supply. Where you have cardiac disturbance, low blood pressure, and the patient is very weak, these cases can be subjected to ligation of the blood supply, either the veins or arteries. This operation is very important.

Dr. W. F. Carson (Berlin Center, O.): In the discussion of the removal of the thyroid gland, they say it is necessary to leave a part of the gland. How would it do to leave it all? I had a woman who had exophthalmic goiter. I treated her as best I could with aconite. Her pulse was 140. I do not know as I would give aconite now, but I did then. She was extremely nervous and irritable. She is living to-day, and that was twenty years ago, and she was not operated on. I would like to hear from some of the doctors on the medical treatment if it would be allowable in this section.

Dr. E. G. Sharp (in the chair): This must be confined to the surgical treatment.

Dr. W. L. Heeve: I agree with the remarks of the previous speakers, in that the thyroid gland, in the cystic forms, should be operated upon. But some of the speakers have given the impression that all that is necessary is to remove three-fourths of the gland. My experience has not been that way. We see very few cases of exophthalmic goiter operated upon that are cured. In my work in the Post-graduate Hospital we have operated on, I don't know how many cases, through the clinics, and we see these cases come back and come back. We have not the ideal technique for the thyroid operation to-day. There is something lacking; there is something we do not understand, and my enthusiasm in getting down to the thyroid gland and doing a radical operation is now receding. I do not believe we ought to tackle the thyroid gland indiscriminately. As one speaker said, in serious cases, where the blood pressure is low, ligate. I would ligate not only the vessels, but the column of the gland. That is advocating the Mayos' method, but I believe it is good practice.

Furthermore, the last speaker asked for medical treatment. There are some cases where the knife would not be used, where really it hastens death. I do not mean that I am against operative procedure, but the injection of hot water into the gland, from twenty to thirty minims of boiling water, and repeat that every second day until you get a coagulated mass. That will stave off the bad symptoms for some time, until the patient is in such shape that operative procedure can take place. And often you will find that it will give you excellent results; but the treatment is too new to say anything positive.

But where a case is in the incipient stage, I believe ligation of the angle of the thyroid gland is ideal treatment. If the case is advanced, then comes the consideration of the patient and the best mode of procedure.

THE EPOCHAL INSANITIES.

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The great epochs, or periods of life, are of such importance and are accompanied by such great changes, that periods of mental instability seem to result from these particular changes. These attacks of mental disease are of great interest, and deserve special and separate study in all their individual phases. There can be no question whatever that each and every epoch in life has its own proper and peculiar psychology, and the symptoms, both bodily and mental, produced during puberty, adolescence, pregnancy, puerperium, lactation, and the climacteric period, as well as old age, are so wide and numerous that we shall be obliged to consider each and every group separately.

The periods of adolescence and puberty, so full of possibilities and probabilities of arrested, perverted or entirely postponed mental development, the psychoses of puberty, so various in their manifestations and expressions, we will not take up here, as we covered them completely at our last meeting in Boston, and we there described fully the hebephrenic, catatonic and paranoid types in our article on dementia precox.

The insanities of the puerperal period can be divided up into three distinct and separable groups:

1. Insanity of pregnancy.
2. Insanity of the post-partum period.
3. Insanity of the lactation period.

These three insanities are of such great importance as to deserve a special and separate description.

The Insanity of Pregnancy.—Mental changes in all pregnant women are certainly very common, and while some psychological changes can be considered normal, or of no importance, such as will affect the emotions, appetites and instincts, and such peculiar distinct cravings as may arise in some women for alcohol or hurtful foods, these will usually pass off without any particular harm, but the nutritional disturbances to which all women are subjected to during pregnancy, as well as the diminished vitality of the women, allowing many of them to escape with just such few alterations of their dispositions, as mentioned before, will, in others, produce mental disorders, which are distinct and very grave.

Some alienists even claim that they are able to distinguish three different forms of insanity of pregnancy: (1) insanity occurring at the time of conception; (2) at the time of quickening, and (3) the insanity of the last months of pregnancy, but I doubt very much if this distinction could be borne out by clinical observation.

The typical group of mental disturbances in this form of insanity can be placed under two divisions: (1) depression and (2) exaltation.

The first will be shown by stupor, apathy, a peculiar loss of interest and affection in and for the family, child or husband; a weariness of life, suicidal feelings, delusions of having transgressed some moral laws, or of committing some unpardonable sin, and that they therefore must commit suicide.

The melancholic tendencies are especially strong in the late months of pregnancy, and this probably led some authors to describe a distinct form of insanity to these particular months, but they have overlooked the fact that the same very strongly melancholic phase is very often encountered in some cases in the early months of pregnancy.

The clinical symptoms in the insanity of pregnancy are very much like those in the ordinary attack, often like the symptoms of melancholia of a mild type. A period of restlessness and insomnia is followed by a peculiar active stage of agitation with some hallucinations and delusions, either of persecutory nature, or delusion pertaining to changes in personality, or to the genital organs of the patient. The cases that occur before the fourth month of pregnancy are more favorable than those appearing in the latter half of pregnancy. In either case, heredity and renal complications will play an important part in the final outcome. Some cases will not recover, but sink rapidly into complete dementia, and for this reason many advocate the bringing on of abortion in all these cases, and not taking the risk of a mental death in dementia. Some patients will recover before delivery or a week or two after delivery, when most insane pregnant women seem to throw off their morbid fancies.

The treatment of both forms of this insanity is mainly hygienic, with as few drugs as possible. Exercise, baths, diet, fresh air are the things to rely upon. Do not use any morphine and avoid sedatives, and pay particular attention to renal complications.

Puerperal Insanity.—That the process of parturition and of uterine involution which follows both comprise periods of importance in the life of every woman cannot, of course, be denied; and while thousands of women will pass this most trying ordeal without any harm, still there are many women who, during the first few weeks, or anywhere up to eight weeks, will succumb to the attacks of puerperal mania.

The statistics giving the frequency of puerperal insanity are of quite some interest. In 1860 we had, out of 11,672 insane women, 1,050 suffering from an insanity which began during the puerperal period, or 8.92 per cent., while from October, 1888, to September, 1895, there were in New York hospitals 427 cases of puerperal insanity among 8,791 insane women, or 4.85 per cent., only a little more than half of the number found in 1860.

As yet up to date we cannot very positively state the real causes of this particular insanity; in some cases it may be due to sepsis from the uterus and passages; in others again, to reflex changes in the requirements of the blood supply after delivery, or to the new functional accommodations that have to

be made suddenly between the uterus and mammæ. In some other cases it may be due to the new and intense emotions aroused in the woman or to the shock of delivery and the mental apprehensions incidental to it, and in others to growth of the streptococcus pyogenes, as was proven by Prof. Williams at the Johns Hopkins Hospital.

The symptoms of puerperal insanity vary a great deal. They come on very suddenly and run up to a high point of intensity in a few days or even hours. The patient has been feverish for a few days or hours, temperature ranging from 101° to 106°; becomes irritable, peevish, looking self-absorbed and dull; manifests a distinct dislike to child, nurse, or those about her; she is very restless, the eyes are bright or brilliant, feverish; she is incoherent in speech, full of fancies, hallucinations, both of sight and sound; she does not eat nor sleep, she chatters and screams; she hears voices, whisperings, telling her that she is to be slain; she will rush to windows or doors to escape, and in a short time her mental condition is that of an acute delirium. She needs to be held in bed, exhibiting great strength and a tendency to violence.

The excitement becomes intense; the patient moves to and fro, tearing up things and exhibiting strong suicidal tendencies. This suicidal impulse is present in about 50 per cent of all cases. Your nurse's special attention should be directed to it, and it should be guarded against in each and every case. Erotic tendencies will be manifested in quite a few cases. The lochia has ceased or has been reduced very much in amount, and in such cases the lochia becomes very fetid, milk secretions soon fail, heart action is abnormal, pulse quick, from 110 to 120 and higher. The tongue is dry, brown and thick; breath very foul, and you have here a dangerous state of organic exhaustion.

In consequence of the delusions of the senses the hallucinations often drive the patient into a frenzied state.

As the patient will neither drink nor eat, means must be found at once to keep up the patient's strength, using the nasal tube or stomach tube. Liquid, but strong nourishment must be given hourly. Give liquid custards, with eggs, strong soups, milk with eggs, keeping up the strength in every possible way. If the temperature is above 99° use quinine; it not only reduces the temperature, but acts as a tonic and has some influence upon the toxic organisms. I give from fifteen to thirty grains per diem; larger doses seem to increase the agitation. I use no alcoholic stimulants in these cases unless the subject is very weak, when we are obliged to administer it with milk.

Hypnotics are required very often to induce sleep and rest. You can use hyoscin hydrobromide or hyoscyamine with good effect. Paraldehyde acts very nicely. During the stage of excitement I administer stramonium, using a good fluid extract or a good tincture; it will promptly allay the delirium, the peculiar destructiveness and the continuous talking. I sometimes combine it with cannabis with very good results. Passiflora used in these cases is a loss of valuable time unless you combine it with chloral.

I am not in favor of exhibiting hypnotics here for a very long time; neither is it necessary. Give hot vaginal antiseptic injections and warm baths, or a hot sponge bath, and you will often induce sleep and rest. Sulphonal and trional can safely be administered here.

We expect some improvement to begin in two or three weeks, and a recovery in two or three months. Some patients will recover as soon as the fever subsides, or when the excitement has passed off and the lochia has become re-established; in others it may run as a subacute mania for six or twelve months.

During convalescence administer the phosphates, nux vom., good foods. The patient should have a change of scene and surroundings, and should not return at once to home and children, nor be exposed to the dangers of another pregnancy for a few years.

Lactational Insanity.—The natural exhaustion following labor, the activity of the mammary glands, which causes a new strain upon the general system, the loss of rest incidental to frequent nursing, mean an exhausted, anemic brain, and this is quite frequently seen among the poor and hard-working. It is often seen in women who have had a few children in quick succession, and not so often in primiparæ. The time at which lactational insanity will make its appearance will vary according to the condition of the woman and her susceptibility. The symptoms are those of melancholic depression, and come on gradually. commencing with suspicion, irritability and accusations. There are headaches, neuralgias, giddiness, fainting spells, which all show very clearly an exhausted, anemic brain. She may conceive delusions about her husband, and try to murder him; or she may try to kill her children under some delusion, or will attempt suicide. The skin of your patient becomes yellowish and dry; digestion is disturbed; she hears voices, strange visions flit before her eyes; distrust, suspicion and terror prevail. She will assault mother, husband, father and friends; the excitement is intense.

The duration of this psychosis is from eight to nine months.

The treatment here is of brain anemia. Suckling should be stopped at once. Remove your patient from home; give her fresh air, iron, quinine, malt liquors, cod liver oil; good food, milk, eggs, should be administered freely; avoid much meats. Produce good and long sleep; attend to the tumefaction of the breasts, and when the acute symptoms have passed send her to some country place for diversion.

Climacteric Insanity.—As the advent of puberty brings about great changes in girls, so the climacteric period and menopause comes around with its mysteries, causing in quite a few women a general commotion of the entire nervous system, and the change of life produces the mental disturbance which we call climacteric insanity.

At the climacteric there seems to be a special liability to a mental breakdown, which can perhaps be explained by the fact that when the power to reproduce ceases the whole vital energy is lessened and shows signs of decay. The age of forty and fifty is an important epoch of change in the life of the

woman and the cessation of ovulation and menstruation produces many neurotic manifestations.

These climacteric changes, both mental and bodily, are very seldom sudden; like adolescence, they cover several years, and heredity seems to play a very important part, and is sometimes the chief factor.

After exhibiting such symptoms as giddiness, flushings in face and hips, flashes of light before the eyes and unusual feelings in the head, the woman begins to feel less active in both mind and body. She becomes irritable, melancholic; either simple or hallucinatory paranoia, of a chronic character, and circular insanity are the forms of psychosis that will appear here. Your patient becomes muddy and pigmented, bowels costive and insomnia appears and disappears.

The suicidal feelings are present, but they are not very intense. The case passing into the most excited melancholia dies from exhaustion. This insanity is very tedious, but it is curable. In the early stages remove your case from home to new surroundings with freedom from worry. Give a very careful and nutritious diet, give tonics, and the general treatment given in melancholia.

Senile Insanity.—The natural changes in the different tissues of the body, which are incidental to old age, tend with the advance of years to bring on a mental decrepitude. This condition, while rarely appearing before the sixtieth year, has occurred earlier in some cases, who have either worked very hard in their lives or who have been given to excesses. With the majority it will be expressed in a mild form. Recent events may be forgotten, there is a slight loss of interest in things in general, but, as the case progresses, he forgets names of friends or where he lives; will make a statement in the course of a conversation and then repeat it a few times in a minute; will fabricate often to atone for the loss of memory; to this is added a mild motor excitement, a desire to wander to and fro, without any particular object; he becomes particularly egotistic; events not directly concerning his own body are of no import to him at all; the death of a son, wife or brother does not affect him, as long as his own bodily comforts are not interfered with.

Erotic tendencies often make their appearance here. His moral sense will fail him; he will speak and act in many ways entirely contrary to his former past life; he will become unclean and negligent about his person. In a few cases we can see the grandiose delusions of wealth and power, simulating dementia paralytica.

The treatment of these cases is rather difficult. It is often hygienic and symptomatic. It requires constant careful watching, a careful diet, a combination of exercise and rest in the open air. The most trying thing is to overcome and combat their dirty habits. The use of hypnotics is necessary, as the nocturnal restlessness must be overcome. Attention should be given to the arterio-sclerotic condition of blood-vessels. Tonics, hypophosphites and kali iodidi are very useful here. The erotic propensities and lack of will

power in these patients must be borne in mind and they should be closely watched.

References: Lewis Bevan's Text Book on Mental Disease; Conkling on Climacteric Insanity; Hammond's Influence of Age on Mind; Savage, Cases of Senile Insanity; Clouston's Clinical Lectures; Berkley's Mental Diseases; Potts, Church and Peterson.

GASTRITIS.

W. F. Carson, M.D., Berlin Center, O.

Gastritis is an inflammatory process involving the mucous membranes of the stomach.

During infancy gastritis is rare, compared with the frequency of inflammatory diseases of the intestines; it seldom exists alone, but is usually associated with enteritis or colitis. The mucous membrane of the stomach seems to have much more resistance to infection than has that of the intestines.

Etiology.—Gastritis is usually produced by acute gastric indigestion. We older people eat generally what we want. In the infant it is quite different. It must swallow what is given it. Sometimes the food is not well selected, nor properly prepared, nor given at proper intervals and in proper amounts; as a result, gastritis develops. It may also be produced by cold, arrested secretions, or the introduction of irritants, accidentally swallowed or given as medicines.

Gastritis then may be divided into two varieties: Catarrhal gastritis and corrosive gastritis.

Some writers add another variety, gastric softening, but we believe this condition is largely if not entirely produced by post-mortem changes—a self-digestion of the stomach. It may be found where stomach symptoms have been present and where they were absent. The disease is usually situated on the posterior wall and is recognized by its soft and gelatinous appearance, it being so tender that the finger may be pushed through without force. The stomach sometimes ruptures when being removed.

I think we should keep this process well in mind, so that when holding post-mortems and we come upon this condition we should not always ascribe it to gastritis.

Symptoms.— Catarrhal gastritis cannot be distinguished in the beginning from an attack of acute indigestion. There is fever, pain, thirst, nausea, vomiting, loss of appetite, coated tongue and great prostration. Tenderness at the pit of the stomach is well marked. The pulse is rapid and out of proportion to the other symptoms. There is great thirst and liquids if cold are taken with avidity. Food and liquids are immediately rejected. Retching and vomiting continues, even though there is nothing taken into the stomach; mucus, sometimes streaked with blood, sour and offensive, being brought up.

The usual duration of gastritis is from four to eight days, but, with improper management, injudicious feeding, the disease may be much prolonged.

One attack may follow another until a chronic condition is established. There is usually some intestinal disturbance. The gastric symptoms may subside and the inflammation extend into the intestines, with an attack of diarrhea, the discharges being watery and very offensive.

Catarrhal gastritis is characterized by the mucous membrane being congested and swollen, exudation of cells into the mucosa, and a great increase in the secretion of the mucous glands. The stomach contains undigested food and a thick tenacious mucus, which may be stained brown from the capillary hemorrhage. The stomach may be distended or contracted.

Corrosive gastritis is an inflammation of the stomach produced by taking, for the purpose of causing vomiting or for other effects, various irritating and caustic substances, such as carbolic acid, caustic alkalies, mineral acids, arsenic, salts of copper, zinc, croton oil, corrosive sublimate, etc.

The treatment of acute catarrhal gastritis is along the same lines as is used in acute gastric indigestion. Absolute rest in bed, relieve the thirst by small pieces of ice, swallowed; the nausea and vomiting of acid mucus by stomach-washing, once in twelve hours, with a 1 per cent. solution of bicarbonate of soda used at about 110° F. Especially is the lavage indicated when the disease has been caused by improper food or feeding. The application of a weak mustard draft to the region of the stomach, remaining just long enough to make the skin slightly red, is good; or the spice poultice in flannel to be kept damp by the application of warm whiskey. To assist in allaying the fever, sponging the body with a weak solution of bicarbonate of soda is beneficial.

The internal medication is simple and limited. One drop of specific aconite combined with five drops of specific ipecac, with just a trace of asepsin to modify the taste, to four ounces of water, a teaspoonful to be given every half-hour, is all that is generally necessary. Subnitrate bismuth, in ten-grain doses every two hours, will do good when there is irritation of the stomach with foul-smelling vomiting; especially is this remedy called for if there is diarrhea. Small doses of glyconda, frequently repeated, will be found also very beneficial. If the bowels are constipated an enema of salt water is preferable to a cathartic; and, if nausea and vomiting continues, especially is this likely to be beneficial if used quite cool.

The proper regulation of the diet is of first importance. The cessation of all nourishment for the first twenty-four hours, then small amounts of albumen water every few minutes, or barley water, may be tried. Horlick's malted milk is a very delightful and nourishing food, given in small amounts at regular intervals. Another food that I think a great deal of, and one that proves very satisfactory in these cases as well as in indigestion and badly-nourished bottle-fed babies, is composed of the following ingredients and is prepared as follows: One teaspoonful of Cox's gelatine, one teaspoonful of best Bermuda arrowroot, one-half pint of fresh milk, one dessertspoonful of sweet cream, two small teaspoonfuls of granulated sugar; soak the gelatine for six hours in a tablespoonful of cold water, then put this in a lined saucepan, add not quite a half-pint of cold water, place it over a fire to allow the

gelatine to dissolve, but not boil; mix the arrowroot with a little cold water and add; allow this to just come to a boil; then add the milk and sugar; remove from the fire, let stand five minutes, then add the cream. It must be stirred all the time it is on the fire, and must not be allowed to boil after the milk is added. If the bowels become constipated, add a little more cream; if too free, not quite so much. This may be given in amounts varying from one to five or six ounces, according to the condition and age of the child.

In corrosive gastritis administer at once the proper chemical antidote to the substance swallowed, to be followed by bland mucilaginous or oily fluids in large quantities. Emetics or stomach-washing is generally uncalled for and may do much harm.

Morphia, hypodermically given to relieve the pain, is called for. I know of no ironclad rules that should be laid down in the treatment of these cases, but the symptoms of the individual case should be met as they arise.

DISCUSSION.

Dr. T. S. Turner (Lebanon, Ind.): This is an excellent paper. It is a very pleasant thing to be able to treat children successfully, when you understand the indicated remedy. It has been said that all some doctors do is to look at the tongue, and the tongue is an index of many conditions. You may have a chronic condition, an irritated condition; you may have gastritis of two kinds, and it is very hard to distinguish between them, and there are two lines of treatment. In one case you have a red pointed tongue, irritated, which calls for ipecac or something along that line. The next one would need bismuth. In other words, you must give remedies that are indicated. The remedy that will suit one case will not suit another.

The doctor speaks of morphine. I do not believe this is ever indicated for the little fellow. I would never give morphine to a little child, but I would meet that tongue with dioscorea or colocynth.

The paper all the way through had some excellent points, and if we doctors would study that paper in treating these cases, we could, with a little variation, meet any case of this kind, and we would have fewer funerals.

Dr. W. N. Mundy (Forest, O.): The section on pediatrics is always small in numbers, although the subject is so full of interest. It is strange how men are attracted to surgery and gynecology, and yet we make our living, to a large extent, from children. The people who practice pediatrics are the ones who are building up a nation of healthy bodies—good citizens. Pediatrics means the improvement of everything pertaining to the child; moral, social and physical.

When we come to the study of digestive disorders we make a nice classification physiologically, but the classification clinically and pathologically is very hard to make. In my experience, clinically it is hard to make a differentiation between intestinal indigestion and acute catarrhal indigestion or acute catarrhal gastritis. In corrosive gastritis the classification is not hard to make. I have found that acute catarrhal gastritis does not long remain, but sooner or later we have intestinal disorders as well. We must remember that in the early days of childhood digestion is practically intestinal—in the small intestines and not in the stomach. So I say that in my own experience, clinically, to make a nice classification between one and the other is sometimes impossible, and it is probably theoretically rather than clinically correct.

The first and foremost question in these cases to me is the food—in catarrhal gastritis. I do not believe there is any hard and fast rule by which

you can prescribe food for a child suffering from gastric indigestion, or intestinal indigestion, or both. We must modify the food according to the capability of digestion of that child. They are not alike, and to say "I use Mellin's," or "I use Nestle's," or any other, proves to my mind that the doctor does not study his cases carefully and prescribe intelligently the indicated food. These foods are made differently, and you must study the individual case. Better than all the other foods I like to use Chapin's top milk mixture. It is easily explained to the mother, it is easily carried out, and presents modifications that can always be handled by the careful, intelligent mother. But I must say that with the publicity that is given to the care of children and their food, the mothers are getting wiser in the care of babies, and where I used to meet ten cases of intestinal gastritis in the early days of my practice I do not meet one now, and I attribute it to the preparation of different foods, coupled with cleanliness.

So far as children are concerned, I say to my patrons when they ask me if I do not get tired of children: "No; they never lie to me; they never mislead or misdirect your attention," and a careful study of the child and its habits, its life physically and mentally, and everything that pertains to the subject of pediatrics, is interesting to me. I have always wondered why so few doctors cared about the study of children.

Dr. Lambert: I was quite interested in this paper, but one thing I did not catch. He did not say anything about cleansing out the intestinal tract. I always find it advisable to clean it out, and also to stop the food. I have found better results from the top-milk mixture than any other, because you can modify it to suit the case. I never saw two babies that could be treated alike. The only trouble I have had with the top-milk mixture is that the mother will say: "You use such a little bit of milk, the child will starve." But when you take into consideration that you are getting the essential part of the milk, you will have no trouble in making them understand.

The doctor spoke of morphine. I do not think this is ever necessary. I have used paregoric, but giving straight morphine—I never saw occasion to use it.

I am of the opinion of Dr. Mundy—it seems that pediatrics is slighted, yet, in the majority of cases, the physicians make the most money out of children. But we cannot make the show in treating children that we can in gynecology or surgery.

Dr. H. V. Blosser: I believe that in acute cases I get the best results from total rest. Absolute rest in regard to muscular exercise of the stomach. I think that is one reason why the Eclectics and Homeopaths are most successful in treating these diseases—because of the small quantity of medicine they use. I believe in many cases it is better to give no medicine at all, and, if properly handled in regard to diet and hygiene, many of them will get well of their own accord.

Dr. H. P. Martin (Chillicothe, O.): The last speaker spoke of cleansing the bowels, and I think it is good practice to first cleanse the bowels; but he did not tell what he used. Does he use a calomel preparation, or what kind of a laxative does he use? I would like to know.

Dr. Lambert: The gentleman spoke of calomel. If I found it necessary to use calomel, I would use it.

Dr. Martin: What are the indications for calomel?

Dr. Lambert: A very moist tongue with a slight coat. But never give calomel only in minute doses, and follow it with an alkali in twelve hours. I do not find many cases in children where it is necessary to give calomel. I use elixir of rhubarb and potassium quite often in children, and there are other laxatives. I never use podophyllum in children.

Dr. Carson: I could not pretend in this short paper to cover all the remedies that should be given. I would not think of giving five drops of aconite to a child in four ounces of water. The stomach is so irritable and so restless that the less medicine that goes into it the better and the sooner it will get well. The only reason I suggested morphine is in the case of a little child writhing in pain and vomiting, and it cannot keep a single thing down; then I give a little bit of morphine to quiet the stomach. I do not like morphine except for severe pain.

The top milk preparation Dr. Mundy spoke of is most excellent. I have used it very successfully.

Now, in cleaning the bowels: The child comes in my hands vomiting and full of pain from over-feeding, and what do I do? Clean out the stomach. I do not mean you have to give it calomel. The point I would like to make is simplicity in treatment—as little medicine as possible. Stop all food for twenty-four hours, and then just as little after that as possible.

PUERPERAL CONVULSIONS, OR ECLAMPSIA.

R. T. Rudd, M.D., Fulton, Ky.

The most dreaded disease known to child-bearing woman is eclampsia, and fortunately it only occurs in the proportion of one to six hundred cases. The disease is not apt to appear before the sixth month of gestation, and usually occurs at the termination of labor. Those most susceptible to this disease are persons of short stature, thick short necks, square form and a sanguine temperament.

We have, in addition to true puerperal convulsions, three other forms, namely, hysterical, apoplectic and epileptic. The hysterical form is usually mild, and antispasmodics usually control the symptoms at once.

The differential diagnosis between true and hysterical convulsions are as follows: In true convulsions the sensibilities are entirely lost; in hysterical they may or may not be lost. In hysterical the spasms are not so severe. The true are very active and the muscles are very rigid. There is never in hysterical convulsions frothing of the mouth, and this condition is always present in the true form. There may be sobbing and sighing in hysterical, but never in the true form.

In apoplectic convulsions, when occurring during labor or following labor, the convulsions are usually light at first, gradually increasing in severity. The patient then loses entire consciousness, and breathing becomes very labored, and sensibilities are entirely lost, and the muscles become flaccid and powerless.

In the epileptic form of convulsions we generally have a history of previous attacks, and while the symptoms are very similar to the apoplectic form they are not generally so severe.

Pathology.—The brain generally shows evidence of congestion without effusion, but in some cases there is evidence of a great amount of serum, that causes the attacks. And in very severe cases there is evidence of much hemorrhage or blood clots at the base of the brain.

Causes.—As albuminous poisons are almost invariably found in the urine, it is thought by most writers that it is responsible for this dreaded disease.

Treatment.—The treatment should be prompt, and as near as possible remove the exciting cause at once. If the gravid uterus is the cause, and it is only the seventh month of gestation, premature delivery should be brought about in order to save the child and mother; or if labor at full time has just begun, hasten labor.

To quiet paroxysms administer hypodermically sulphate of morphia, one-half grain, with from one to three drops of specific veratrum, from one to three hours apart. Administer chloroform until fully relaxed. Should there be from two to four degrees of temperature, apply ice caps to the base of the brain and over the temples, and if an excited condition is shown by the contracted pupils, flushed face and bright eyes, I would give gelsemium in from ten to fifteen drops, one to two hours apart. If there are marked signs of depression and labored breathing, I would administer lobelia and belladonna. Cold packs are useful in high grades of fever with a full, strong pulse. Bromides and chloral hydrate, also physostigma in doses of one to ten drops, is very useful. We find bleeding has been unsuccessful. It has been weighed and found wanting.

In conclusion, I would advise all doctors when they are engaged in a case, and after the sixth month, to repeatedly examine each month the urine of each parturient woman, and if albumin is found in the urine, or symptoms of double vision and syncope are noticeable, it is a warning to be on the look-out for convulsions.

Relief.—(1) Give very strong saline laxatives. (2) Diuretics, namely, acetate of potassium, and where dropsical effusion is present use apocynum. Eliminate and stimulate the nerve centers to a reaction.

DISCUSSION.

DR. R. L. THOMAS (Cincinnati, O.): Dr. Rudd has presented a very interesting paper, but I do not agree with him about the universal administration of half a grain of morphine. Ten drops of veratrum hypodermically administered will give you the same results. I believe in these cases we ought to know our patient first. I was called in counsel to see a patient in the very hard throes of puerperal convulsions. We could not count the pulse. I gave her at once ten drops of veratrum, and the pulse went right down to 70 and stayed there, and she got along splendidly. Within a year I was called by the same physician in another case of puerperal convulsions, and he had given the veratrum before I got there. It happened to be a woman who was inclined to anemia, and we had hard work to get the woman back. She did not need veratrum. So in these cases we have to see the patient before and know what we should give.

DR. G. W. THOMPSON (New York): There is another point to which I take exception, and that is in the case of a dropsical condition. This does not indicate in a pregnant woman apocynum. Frequently it is due to a mechanical obstruction, and in these cases I do not think apocynum is perfectly indicated.

Again, he makes the point of albumin in the urine. This is produced by obstruction, and if there is no other indication for medication than that

of albumin in the urine, I do not think medicine will have much effect, because the pressure upon the vessels throws a large amount of fluid back on the kidneys, and the result is that we get a condition that appears to be albumin in the urine. Therefore, it does not indicate a diseased condition, but some obstruction, and in this case it will be relieved as soon as the birth of the child takes place. I think it is better to leave these cases alone, unless we get further symptoms to indicate that there are pathological lesions or some obstruction in the nervous centers that would point to eclampsia.

Dr. W. T. Gemmill (Forest, O.): There are two conditions that I wish to call your attention to that Dr. Thomas has spoken of, and that is when to use veratrum and when to use morphine. The cases that have come under my observation that require veratrum are the plethoric, full-blooded patients, and in these cases you should give veratrum in large doses, and you will generally get good results. The case in which you use morphine is an anemic case, feeble, weak and bloodless-looking. In these cases give the morphine hypodermically, and if there is fever I combine it with strychnia. But we ought to know the class of case in which to use veratrum and in which to use morphine.

Dr. E. J. Farnum (Chicago): I think the doctor who presented this paper partakes somewhat of the nature of the drink called half-and-half. As I understand this practice of medicine, the idea of prescribing a remedy for a disease goes into that school, that dominant school of medicine that we have heard so much about here. The giving of a half-grain of morphine to a patient suffering from puerperal eclampsia is one of the treatments laid down in Allopathic text-books from the time I first began to read medicine. But according to my present ideas such treatment has no place in an Eclectic convention. The position taken by the last speaker is just as erroneous as that taken by the doctor who read the paper. The idea of giving a hypodermic injection of morphine to a woman in eclampsia, if she is very pale and anemic!

One feature of the doctor's paper is very commendable. He spoke of the use of lobelia in a particular condition. I can agree with him in that, because I have had experience with the use of lobelia. However, I wish to suggest its use for a specific condition, and that condition is one in which the patient is anemic, in which the face is pale and lips are blue and pulse is fast, cold perspiration is breaking—a condition in which you know if you do not administer a remedy that is effective it will not be long until your patient is dead. In other words, symptoms of collapse. In that condition I would give Lloyd's hypodermic lobelia, and it will be but a very short time until you see the color coming back to the cheeks, and the pulse will become firm. This treatment is much better in my estimation than morphine and strychnia. In fact, I think it is the proper treatment for collapse, no matter where I find it, whether on the operation table, in eclampsia or where—it is very effectual—much better than strychnia.

Dr. H. H. Helbing (St. Louis, Mo.): I believe the Eclectic treatment of puerperal eclampsia is ideal. I believe if Eclectic remedies will not cure a case, the only thing to do is to produce a miscarriage. If your remedies do not seem to get results, I believe it is wise to resort to that extreme measure. The cases with which I am familiar are of that nature. Inasmuch as I do but little obstetrical work in my own practice, my experience has been more along that line. I simply wanted to bring out the point not to let your patient die before you resort to that measure, because you will very likely be censured later if your patient succumbs.

These remedies are valuable, and Dr. Rudd's treatment, other than the morphine, is fine. As I said before, it is an ideal treatment, and in a major-

ity of cases will result in cure. But there are conditions where no remedies will bring about a cure. The condition of the system is such, the condition of the kidneys is such that remedies will not reach the case.

Dr. Ruble: There ought to be very little disagreement among Eclectics as to how to treat any disease. In about twenty-three years' practice I have rarely found a case in which veratrum has not been indicated in puerperal eclampsia. The cases I have had to die were those where the veratrum was indicated, but was not given. Unless there is an extremely weak pulse, I believe we are safe in holding that pulse down to a merely normal rate with veratrum. I have never seen a case in twenty-five years that I feared to give veratrum.

Dr. John Perrins (Boston): I have not anything to say in reference to the suggestions that have been made; they have been very good. There is one suggestion that has not been mentioned definitely—it has just been touched upon—and it is this: In such cases the administration of a little chloroform through the little instrument known as the Dr. Hadden inhaler—one that I showed this organization a few years ago. It has since been made into a small hand instrument. A few drops, perhaps not more than thirty, into that instrument, can be given with perfect safety and with absolute success.

Dr. M. H. Hamlin: The paper states that the majority of women who suffer from eclampsia are thick-necked, short and fleshy. My experience —and I have had a large experience in obstetrical work, but not very extended in puerperal eclampsia—has been that all cases do not occur in the kind of women described in this paper. I have often seen it in thin women.

The paper suggests a treatment of half a grain of morphine. I have never found occasion to give a hypodermic of morphine in these cases, or morphine in any shape or form, and I have never found occasion to use chloroform. I do not consider these are the proper things to use. I treat my cases according to the practice of Eclecticism as I understand it. If veratrum is indicated I give it in sufficient quantities to control the condition; if lobelia is indicated, I give it; if gelsemium, I give it, and I think it is an ideal treatment in these cases.

Dr. W. F. Carson (Berlin Center, O.): The size of the dose of gelsemium is the point I wish to make. So many doctors in giving it give five or six or ten drops. I would not hesitate to give a drachm, and have done it and saved my cases. Give a drachm every half-hour, and you will control the condition.

Dr. Rudd: I will take up the indicated conditions. If the shock that we have at the start is not controlled, we will have a funeral sooner or later —generally sooner. It is very seldom we have time to go the long road of the blood. I usually find if I can give a quarter-grain of morphine, it is all right; but if I want results right away I give a half-grain. The thing to do is to find out the cause and remove it as soon as you can, but if you have shock to handle, control the shock until your remedies can reach it.

I am mighty glad that these suggestions have been brought out. I will just say one word in closing. The first thing to do is to use a little preventive means. Watch every case. If we have syncope present, if we have albumin in the urine, remove the cause and elminate both by way of the bowels and kidneys, and in every way you can get this deleterious matter out of the blood. The sooner the better. I thank you.

A breaking-down sarcoma of the ilium may simulate a gluteal aneurism. —*American Journal of Surgery.*

PELVIC TUBERCULOSIS.

H. H. Helbing, M.D., St. Louis, Mo.

I have given this title to my paper that I may cover all the cases of this wrong that I have encountered. While this wrong is comparatively rare, still it is sufficiently frequent to justify us in calling it to your attention by this brief symposium on the subject.

The causes of tuberculosis of this nature are the tubercle bacilli which gain entrance either through the Fallopian tube or the intestinal wall. Some writers believe that it may be carried through the lymphatics to this region.

It has been found to involve the uterus, the tubes, the ovaries, the wall of the intestines, the omentum, the mesentery and the peritoneum. It seems to attack those who are less than thirty years of age more frequently than those older than this. We cannot always obtain a history of the disease in the family; in fact, in most of my cases there was no tuberculosis in the family. Many of these cases will date their illness from the time of a miscarriage, which may be the inception of it or merely incite a latent form of the wrong.

It is a disease of insidious development, the patient in many instances giving a history of having been ill for several years. It is very difficult to diagnose, for the symptoms are not sufficiently distinct to differentiate it from other inflammatory wrongs of the pelvis. The leading symptoms are the following: A rise of temperature each day, especially in the afternoon and evening; tenderness and perhaps a nodular condition of the pelvic tissues. There may be nodules located anywhere on the peritoneum or on the uterus and appendages. If there is but slight thickening of the peritoneum or other tissues of the pelvis, these cannot be felt, and it is then almost impossible to diagnose it. We may, however, be able to determine that an abdominal section is necessary, in which case we will be able to clear up the diagnosis and to a reasonable degree the prognosis.

The first case of this wrong that I encountered was one in which the sigmoid flexure of the colon was involved, as well as the left tube and ovary. All were bound down in one mass of adhesions with the omentum. I was unfamiliar with such conditions at the time, and supposed it to be a cancer. I loosened the adhesions as best I could, removed the tube and ovary, put in a drain through the abdominal wound and gave an unfavorable prognosis. The patient, to my surprise, recovered without complications, and is living and healthy to-day. She weighs over two hundred pounds.

Shortly after this, in fact, the same month, Dr. Power, of New Athens, Ill., brought me a case of tubercular peritoneum which, while I couldn't diagnose previous to operation, I readily recognized upon opening the abdomen. I found the parietal peritoneum one-quarter of an inch thick, caused by infiltration with miliary tubercles. This condition extended from the pubis to three inches above the umbilicus. She gave a history of her husband and one brother having died of tuberculosis. She had only noticed the trouble for the first time two months ago. Upon going through the thickened peri-

toneum there existed an abscess in the right tube and ovary, which we removed. After loosening up all adhesions we closed the abdomen with drainage. The drainage sinus discharged for three years before it closed, although patient recovered her health shortly after operation, and is healthy to-day.

It has been found that these cases recover just as readily without drainage, so that it is preferable to not drain the wound unless there be special reasons for it. Of late years I do not use drainage as a rule.

The next patient was brought to me by Dr. Kittredge. This lady, as well as the others, was less than thirty years of age. She was in a more serious condition, because her sputum had been examined and tubercle bacilli had been found. We felt justified in operating, however, because she was suffering with severe pain in the left side in the region of the ovary. Of course, it was easy to be seen that she had a tubercular condition existing there. Let me say right here that we operated upon this woman from a purely humanitarian motive because she was a poor woman and did not pay us a cent for the work. We found a large abscess of the left ovary, which we removed as best we could, but on account of extensive adhesions could not enucleate all the sack, so we put in a drain. She was relieved of her distress and improved in health after that, but the lung trouble later caused her death. She lived for over a year after the operation, so we felt that we had accomplished sufficient results to justify us in operating.

I will report one more case, because I learned something from the case, and you may also obtain information that will be a help to you in solving these difficulties. This woman was older than the other patients, being about sixty years of age. She had been a sufferer for many years, but would have nothing done. She became so weak that she could not get out of bed, after which she consented to be operated on. I examined her, and the only nodule I could find was parallel with Poupart's ligament and about one inch within, sausage-shaped and hard. It was too low for the appendix and too far out for the ovary or tube. There was no history of tuberculosis in the family, and she having been ill for years and able to work hard all these years, I did not think of tuberculosis.

Upon opening the abdomen I was surprised to find that the entire peritoneum of the pelvic and abdominal wall was about half an inch thick from tubercular infiltration. The ovaries and tubes were imbedded in an infiltrated mass. The uterus apparently was not involved. I was not surprised that the patient did not rally after the operation, but died twenty-two hours afterward. We put off the operation for two months, hoping that she could be strengthened some before undertaking it, but it seemed impossible to build her up. I would advise operation in all suspected cases of this wrong because of the favorable prognosis in the majority of cases.

DISCUSSION.

DR. E. B. SHEWMAN: I would like to ask the doctor what percentage of his cases are primary?

DR. HELBING: Seventy-five per cent. are primary, the condition existing nowhere else.

Dr. M. A. Cooper (Leakey, Texas): Do you burn these cases, or wash them out?

Dr. Helbing: I wash them out if there is an abscess or wherever there is any pus with a normal saline solution; otherwise not.

HODGKIN'S DISEASE—CLINICAL CASE.

A. J. Crance, M.D., Pasadena, Cal.

In presenting the history of a clinical case, definite conclusions, be it either recovery or death, are usual; but in the present instance I shall have to make an exception, for my patient is still living, though I fully anticipate an unfavorable issue sooner or later, as most invariably occurs in a disease of this nature. In my past thirty years' experience it is the first case of this character that has come to my notice in my own individual work; therefore, I have felt an interest in it for the reason of its peculiar manifestations, and have watched its development and progress closely. The question of being lymphatic leukemia or Hodgkin's disease was at one time problematical, but in the matter of an investigation definite conclusion of pseudo-leukemia was reached, though there is much in common so far as the clinical aspect of both diseases are concerned.

The microscope is the only factor that can afford a positive degree of differentiation in establishing a diagnosis, based upon a blood examination. Pathologists and investigators are at sea as to the determining cause, ascribing heredity, malaria, infections and latent tubercle bacilli. Be this as it may, the infecting agent is not known nor is the basic condition of development. My patient was a young man, aged thirty-one, plumber by occupation.

Family history, no brothers or sisters; father died at age of fifty-two from cancer of the throat; mother still living, aged fifty-two years at present.

Personal history, no specific disease, no malaria, had scarlatina during childhood. November, 1906, was in hospital in Australia for six weeks, due to some bowel trouble, accompanied with intestinal hemorrhage, but not classed as typhoid, and, judging from a similar attack taking place in April, 1908, of three weeks' duration under my care at hospital, I should diagnose it as recto-colitis.

Since his illness of 1906 he has been annoyed constantly with a most persistent pruritus over the entire body, beginning with a tiny red speck somewhat similar to a bite occasioned by a flea, with an itching severity precluding rest or sleep at night. In April, 1910, he had quite a sharp attack of fever of two weeks' duration with some tenderness over the bowels and a paroxysmal pain of a crampy-like nature, but no bloody passages. At the time in passing the hand over the abdomen a swelling was encountered in the left hypochondrium, which proved to be an enlarged spleen. Coincident with this a fullness over the left cervical region appeared as the lymphatics became involved. At the onset but one tumor was observable in this locality, but subsequently others formed, grouped, but not adherent one

to another nor to the skin, all being soft or doughy in feel and freely movable without pain; tenderness or redness of the skin, and of a size to occasion a deformity of the neck.

Following these, others were demonstrated in various parts of the body, notably, both axillary spaces, both inguinal regions, supra-clavicular and retro-peritoneal glands. The epitrochlear and maxillary glands were not enlarged, neither the mediastinal. The splenic enlargement, which was first noticeable one year ago, has increased in size, with dimensions extending two inches below the umbilical line and slightly beyond the median of the abdomen. By palpating it from the posterior a distinct bulging anterior is occasioned. It appears hard and firm in texture, without soreness from any ordinary pressure. The bodily temperature is almost constantly elevated, though remissions at times take place, the highest recorded being 100°. The pulse rate is uniformly accelerated from 90 to 120 per minute, of fair tension and volume. Chemical urinalysis proves negative to albumin and sugar, reaction acid, specific gravity 1010 to 1020, usually straw-color and quantity normal. No organic heart lesions detectable, and though the patient appears pale, no anemic murmurs are present nor displacement of the apex beat; neither are there evidences of organic changes in the blood-vessels. The lungs show no abnormality, percussion note clear except the base of the left lung, where a splenic tumor somewhat masks the sounds; no cough, but at times respirations are embarrassed from extra exertions, due to general weakness. The nervous system is unstable; frequently has periods of insomnia; is restless and apprehensive; has loss of sexual inclination or power; at times profuse sweats about the head and neck, also headaches. The sleeplessness at times is due to the intolerable pruritus before mentioned. The state of alvine movements requires no attention at any period. In weight he has gained from 137 pounds six months ago to 146 at present time. In the matter of blood examinations there have been three made at intervals of October 19, 1910; November 5, 1910, and April 4, 1911, which I shall designate in table as first, second and third:

	FIRST.	SECOND.	THIRD.
Hemoglobin	60%	60%	65%
Erythrocytes	3,736,000	3,680,000	4,288,000
Leucocytes per c.mm.	9,900	8,850	10,150
Color index	6|7	6|7	6|7

Differential Leucocyte Count.

	FIRST.	SECOND.	THIRD.
Polymorphonuclear Neutrophile	54.6%	75.6%	70.6%
Small Mononuclear	29.6%	17.0%	18.6%
Large "	6.6%	4.6%	6.6%
Transitional	1.4%	1.0%	1.6%
Eosinophile	7.6%	1.8%	2.4%
Mast Cells	.2%	....	.2%
Myelocyte	....	....	....

No poikylocytosis or polychromatophilia.

The absence of high leucocyte count and myelocyte are notable features in the verification of existing Hodgkin's disease.

Tubercular adenitis can reasonably be eliminated in view of the onset and general involvement, against its usual isolated local manifestations, although no enlarged glands were extirpated to verify this microscopically. In the progress of this disease in this individual case the glandular hyperplasia is not constant to the same degree at all times, but variations come and go as new points of swelling arise in a group of new glands; but at no instance is the reduction complete; in fact, it is far from it. The variation, as I am able to determine, is a usual feature as well as periods of buoyancy of spirits and bodily endurance, for a time lending hope to the afflicted that ultimate recovery will ensue.

In the matter of treatment authorities offer but little. Arsenic seems to be the most promising agent Symptomatically, iron, phosphorus and tonics in general are indicated. Since the date of the first blood examination, October 19, 1910, my patient was placed on Fowler's solution, and up to the present time has had seven ounces. No cumulative features have arisen, and occasionally I will leave off the drug, only to resume it again in increasing doses. When saturation is pretty well established that annoying pruritus leaves, giving the patient comfort from this worry. Iron and phosphorus disturb digestion; arsenic agrees.

I am contemplating the experimental use of arsenobenzol-salvarsan in this case for the feature of introducing an added quantity of arsenic into the body, and may be able later to report results.

JUDICIOUS PUBLICITY AS A REMEDIAL AGENT IN THE CORRECTION AND CONTROL OF VENEREAL DISEASES.

Robert W. Musgrave, Ph.B., M.D., Hanford, Cal.

The idea of giving publicity to a class of diseases that are and always have been considered distinctly private in their character may seem at first glance to be entirely out of place. There are two factors, however, that have always protected these types of trouble from exposure, viz., social sentiment and the so-called code of professional ethics. This concealment is no doubt due to two principal reasons:

First, the sense of shame with which venereal infection is invested by popular prejudice, and,

Second, that the origin of venereal infection is due entirely to licentious indulgence.

Aside, however, from all this feeling of sentiment and prejudice, there is at the present time almost a unanimous demand for the inauguration of some form or character of prophylaxis in this class of trouble. This demand, let me say, is by no means confined entirely to the medical profession, for we find statesmen, literary people and others of the laity who are prom-

inently identified with many of the different pursuits in life, all combining their efforts in endeavoring to combat this Great Evil that now permeates the whole social fabric of to-day. If we are but to consider all these efforts that are now being put forth for the purpose of controlling this Great Evil, as a measure intended solely for the purpose of safeguarding and protecting the health of the general public, this fact of itself, as it appears to me, ought to impress the physician that one of the most important duties he owes to the general public, and particularly to the community in which he resides, is that he should share with them such knowledge and such facts as he may possess that relate to this serious and universal type of disease. By so doing he will then be the means through which the general public will be enabled to obtain some knowledge and some understanding of the significance and also the serious importance of this all-important trouble. As well also will the public in general gain a true and correct understanding of the consequences that inevitably follow this character of infection, not only that which relates to the effect that venereal infection has on the health of the individual, but also the ultimate and resulting effect that venereal infection has, and will have, on the future welfare and progress of this great nation.

Now just let me state in this connection that it has been the custom with the medical profession, not only in times past, the same is also equally true at the present time, to tell only a part of the truth regarding venereal infection, then to apologize for not telling the whole truth, and finally to cover up what has already been told with a coloring that has robbed this character of disease of its appalling effects. The medical profession to-day is evidencing the truth of this adage, that an "ounce of prevention is worth a pound of cure" in the efforts that are now being put forth for better sanitary methods, better hygienic conditions, and in endeavoring to educate the laity on the importance of how to avoid the contraction of venereal disease.

History tells us that from the earliest times venereal diseases have been prevalent. A most remarkable antiquity is given to the disease in the fifteenth chapter of Leviticus, and although it is contended that the discharge known to the Jewish lawgiver was a simple urethritis, and that gonorrhea (a specific disease) did not appear until later, yet the disease he evidently speaks of was a running from the urethra, and the exactions that are laid down in that chapter only bear testimony to the fact that venereal infection was then classed as an "unclean disease," and the instructions to the children of Israel were for the purpose of preparing a way of escape from its resulting dire effects, and at the same time that an adequate safeguard may be created for the protection of the innocent. Thus on down through the long lapse of time, even to the present day, have men of all races, of varied types of intelligence, of all schools of medicine and of all religions, written and expressed themselves on this all-important subject of venereal diseases. But let me ask, what has become of all this effort of centuries? Is there any one that can say that venereal diseases are less prevalent now than they were then? And even with all the advancement that has been made in everything

that relates to the betterment of the human family, we have not as yet exterminated this disease.

To my mind I don't believe that all the efforts that are made for the purpose of stamping out venereal disease by giving instruction regarding its nature, its history, its treatment and its resulting consequences, can be considered as nothing more than time wasted. Just so long as men and women desire just so long will men and women reciprocate, and venereal disease will continue to exist just so long as there is a man and woman left on this earth. There is no doubt that possibly the love of home, or it might be, the fear of resulting evil, will deter some, but aside from all this, I doubt very much if it will ever prevent some one person from contracting some form of this loathsome disease.

If we are to rely upon any form of prophylaxis and at the same time any form that can be considered effective, the same must first be taught in early life. We need better mothers. I doubt if any more sacred duty is imposed upon any mother than that she should teach her children something about the anatomy and physiology of the sexual organs, and not wait till the age of puberty, for, by so doing, a foundation will then have been laid that will certainly result in the material benefit, and as well also in the promotion of everything relating to the welfare and health of the child in after life.

In a very excellent article written by Dr. George Whiteside, of Portland, Ore., on the subject of "What Should We Teach the Public Regarding Venereal Disease," he says: "According to the most modern ideas, it is now thought best to try to reform vice by attacking it in a previous stage. This axiomatic epigram appears in a monograph entitled 'Alfalfa in the Willamette Valley,' by Mr. W. W. Cotton. In speaking of seed and seeding, he describes a vine called dodder, which is a parasite of the alfalfa plant. Mr. Cotton says: 'The proper way to avoid dodder is not to plant the seed.' How simple this statement is, and yet how all comprehensive. To paraphrase it, we may here say that the proper way to avoid venereal disease is not to plant the seed. This is the modern method—to look forward, and not back, to train the child in order that the next generation may be cleaner and more manly than the present one."

It is the mystery, we might say, that shrouds this subject, and at the same time renders it so attractive. "It is the secrecy of his elders that piques the curiosity of the child. A reasonably full explanation that satisfies the young man's thirst for knowledge will dissipate the fog of mystery and render the subject no longer interesting. Teaching and example may sometimes guide and train the mind to control the desires of the flesh until reason releases them and allows sexual passion an outlet. Such teaching should inform the mind of youth of the energy which should be potential. It should advise habits of cleanliness, both mental and physical, and should picture the possibilities of venereal disease. This last should not be overdone. The fear of the contraction of disease deters only the cowardly, and these it often drives to the unnatural outlet of masturbation. Certainly

venery is preferable to the mental degradation of the other vice." Now right here I want to state that I have an abiding faith in the public. When made to think, it sooner or later reaches a wise solution of the problem. If this, then, be true, that we as a profession have now accepted facts that are so closely related to the welfare of the public, it seems to me that we certainly should consider it a duty we owe to the laity that the same be made known, and no better means have we for imparting this information than through that of judicious publicity. A potent influence will then have been established that will be of material benefit in recognizing this type of disease, and as well also will a method be then inaugurated that will be of value in limiting its dissemination.

If we but pause for a moment to consider, is there a physician to-day that does not fully realize and as well appreciate the appalling effects that gonorrhea and syphilis have had and are now having on heredity? Chancroid has no hereditary influence. As a prolific cause of so-called race suicide, voluntary abortions are as nothing as compared to these. "Gonorrhea exhibits its malign influence by rendering its subjects, both male and female, sterile, preventing impregnation; while syphilis attains the same end by bringing about countless abortions, even with women who yearn for motherhood, whose fondest wish is that of rearing a family. Syphilis in either parent contributes to the same unhappy end. When the people learn of these influences, they will be able to recognize the more readily the hidden meaning of repeated events of this sort and to take the precautions that will change them. While gonorrhea is not inherited, its calamitous effects are not delayed long after the birth of the child of a gonorrheic mother." We are now told that fully 80 per cent. of all blindness originates in gonorrheal infection of the eyes of the child during parturition, not to mention the number of such infections of the eyes that occur in adult life. It is a well-known fact that over 70 per cent. of all gynecological operations that are now being done are due primarily to gonorrheal infection, contracted either within or without the pale of matrimony. It is claimed that fully 90 per cent. of all men have had gonorrhea at some time in their lives. From my experience as a physician, extending over a period of more than twenty-five years in the treament of this class of diseases, I believe I am justified in stating that I fully endorse the sentiment expressed by Noeggerath: "Once a gonorrheic, always a gonorrheic." In fact, I believe that I can also say that I almost question the curability of this trouble, unless competent microscopical evidence proves otherwise. It has very aptly been said, "Like pale Death, that knocks with equal fate at cottage door and palace gate, venereal disease is no respecter of class, age, condition or occupation."

Statistics now show us that fully 42 per cent. of all those affected with gonorrhea become sterile, and possibly more, and in a very great measure that all the sterility is due to this same cause. Syphilis, on the other hand, causes the disfiguring lesions of the skin. It also attacks the bones, muscles and other organs of the body. This disease is in many instances the fruitful cause of ataxias, paralysis, bone necrosis, insanity and oftentimes imbecility.

No greater obligation, to my mind, is imposed upon the physician than that he should expose the many fallacies and superstitions now held by a large number of the laity with regard to this subject of venereal disease. The common saying, that "gonorrhea is no worse than a bad cold," is without doubt one of the worst. The counter-prescribing of the druggist is another that should be condemned, together with that of the "sure cure" of some good friend; but above all should the villainous teachings and mercenary motives of quacks and charlatans be exposed and condemned.

It should be the duty of the physician, and particularly of our different medical societies, by means of judicious publicity to impart some knowledge to the general public, so that they may understand the meaning of venereal infection, and explain to them the effect that venereal disease has upon the health of the person so affected, and what the resulting consequences are of this disease. The laity should be made to understand that gonorrheal infection extends not only into the genito-urinary system of both male and female, but that it also, sooner or later, will involve the vascular, lymphatic and nervous systems, and very frequently the eyes become involved also, and that one of the most common sequelæ of gonorrheal infection is a complete closure of the urethral tract.

Now I am willing to admit that the individual has the right—but it seems to me a very doubtful right—to use his own body as he pleases, even so far as in the contraction of disease; yet to speak of any infectious disease as being private, appears to me as being nothing more than a contradiction, because it is a well-known fact that every bearer of contagion is a possible source of danger to others. Now if venereal disease can be considered private, only in the sense of being limited to the individual who contracts it by voluntary exposure, the case then would be entirely different; unfortunately, however, "venereal infection, from its capacity of expansion, its morbid irradiation through family and social life, its transmission in full virulence to the offspring, and its consequent injury to the productivity and vitality of the race, becomes transformed into a social danger of the greatest magnitude, and against which society has the right to protect itself by means of every order."

There is no disputing the fact that this "great social evil" now overshadows every other modern evil in its magnitude and in its significance as a social danger. It has been very wisely said by a late writer on this subject that "a so-called commercial evil affects only a limited class, but the venereal evil affects every interest of the human race. The one involves monetary interests, the other affects everything that relates to the health and lives of humanity. The former threatens business integrity and business transactions; the latter not only affects but is a menace to the physical and to the moral welfare of society. Venereal infection stands as the prototype of all evils made possible by ignorance of the public, and we cannot fail to be impressed with the perfect parallelism in methods employed for its concealment and those responsible for commercial evils."

If our health boards, and also all others who are charged with the im-

portant duty of preserving the public health, were to put into effect some of the plans and methods that have been adopted for the purpose of controlling other types of infectious and contagious diseases that are now considered dangerous to the public health, venereal diseases would be first on the list demanding attention. Prostitution is the most fruitful source of all venereal affections. The public are well aware of this fact. I very seriously doubt if ever prostitution will be stamped out, and I also doubt very much if all the best efforts put forth will ever reduce or prohibit this blot on our social life. There is one form of prostitution, however, which must be admitted is beyond our study, and that is this so-called "clandestine prostitution." I am optimistic enough, however, to believe that the future will evolve some sort of a solution that eventually will lead to its management.

"At the present day and time we are confronted with the fact that social sentiment holds that it is a greater violation of the proprieties of life to publicly mention venereal diseases than to privately conceal them. A sentimental objection based on this so-called conventional prejudice affords no valid excuse for silence on the part of the medical profession." Sentiment should not have any place in the councils of preventive medicine, especially when sentiment is opposed to the principles of sanitation and right living.

For the past thousand years civilized society has been cursed by four great physical evils, viz., smallpox, tuberculosis (the great white plague), alcoholism and the social evil.

Smallpox it can be said, through the efforts of the master mind of Jenner, has been relegated to that of the Dark Ages. The public now realize that tuberculosis, from the study and observation of this disease during the past ten years, practically speaking, has been mastered. Regarding alcoholism, a great deal has been done, and I believe more will be done in the future in the control and education of the public on the use and abuse of alcohol. When we take into consideration, however, this question of the "great social evil," a scourge that affects the whole social fabric of to-day, it can truthfully be said that little if anything has yet been done in its control or extermination. There is no question but that legislation is all very good. In a country, however, like this, all the laws that may ever be enacted will have but little value unless backed up by public opinion.

The fact of the matter is, that the truth regarding venereal disease is not one of whether the child shall be taught or shall not be taught, nor is it altogether a question of teaching. It also can be said that it is not a question of safety through innocence or ignorance. Now it is a very difficult thing to get safety through ignorance, because that character of ignorance I believe does not exist. There will be knowledge, and that knowledge must be scientific. It must be pure, sensible and reverential. On the other hand, a lack of this knowledge will find the growing child impressed with abnormal ideas and thoughts that will tend toward a physical, mental and moral decay. Now right here is (what might be said to be) the sacred

obligation imposed upon the physician, that by his influence and by his association, not only with his patients but with his community as well, that he will endeavor to impart such knowledge and such facts that will enable them to attain a safe and scientific understanding of everything that relates to this character of disease, so that the boy or girl before the dawn of puberty may at least have a correct knowledge and a correct understanding of this prevalent and universal character of trouble. Possibly then some of us may live to see the day that, instead of 60 or even more than that percentage of womankind paying the penalty of this "great social evil," that percentage will be reduced to almost *nil*. How seriously important it is also, that the great public should know that the introduction of venereal infection into marriage constitutes its greatest danger, and at the same time is, in a very large majority of cases, the principal cause that makes up the saddest chapter in the martyrdom of woman. Poets tell us that "he who dries a tear or saves a pang to suffering woman, has rendered a service more praiseworthy than to have fought a battle or captured a ship." If this be true, then is not the honest physician as great a benefactor to his race, who by his ability and by his skill devises a plan or method that safeguards and protects the public health, and who finally by his genius and knowledge, together with that of the aid, support and co-operation of a united medical profession, rids the world of this prevalent and universal scourge—venereal infection?

I want to emphasize this fact that the great public should be made to understand that prostitution is not confined to the place in which it originates. There is no greater hidden nor greater secret vice existing in society to-day than this vice. It is a vice—even more, it is a curse—that has always invaded the habitations of virtue; even the sanctity of marriage has not been free from its defiling touch. It even contaminates the very source of human existence; it pollutes the very fountain of life, and the sacred function of maternity has not been spared its polluting touch. The defilement of prostitution clings to the innocent babe upon being ushered into the world. How very important, then, it is, and how absolutely necessary also, that this foul ulcer that has infected, and has also been the scourge of society, should be laid bare and should be exposed. This curse and its consequence —venereal infection— should no longer be permitted to pollute the sanctity of marriage, the very breeding place of humanity. No sentiment, not even the so-called Code of Ethics, should be permitted to offer any excuse for its concealment. On the other hand, every effort should be made, together with that of the potent influence of judicious publicity, to see that at least the springs of heredity shall be kept pure, and that the child shall no longer be deprived of its rightful heritage of health, vitality and vigor.

It is a self-evident fact that there is no factor so dangerous to the preservation of the public health, a factor, I must say, that is so utterly ignored and concealed, than is the concealment that characterizes venereal disease. If we are to consider this concealment from a purely professional standpoint, this action may probably be considered correct and may also be proper,

and may in many instances be considered also commendable; but if we eliminate all sentiment and prejudice, together with any other motive and feeling in this matter, this policy of concealing a peril so great as venereal disease and its resulting consequences, a peril that of itself involves everything relating to the safety and protection of all of our people, I believe is wrong in every sense, and at the same time is contrary to all the principles governing sanitation and right living. The greatest and most important ally of infectious disease is this element of concealment. Now if we only apply to this character of disease just a little judicious publicity, just the same as is demanded of us in our dealings with other troubles of like character, it seems to me that it would completely revolutionize all this feeling of sentiment, and all this sense of prejudice that is now held by a great many of our people. No better remedial agent could ever be adopted than this light of judicious publicity, for there is and always will be more corrective force in this enlightenment than in all the laws that have been or ever will be enacted.

Now just let me add, by way of conclusion, that in the consideration of a subject such as is expressed by the topic of this paper, a subject that involves so much that relates to the perpetuity and welfare of the human family, that it has been my earnest effort to only call to your attention just a few of the most important factors connected therewith, and at the same time to impress upon you the value as well as the corrective and remedial influence that judicious publicity will have in combating and controlling the spread of venereal diseases.

There is just one other fact that I wish to mention in connection with this subject, one that of itself in a great measure will be a great step gained in the control of this character of this trouble—in fact, I believe it to be a means, if the same is ever accomplished; a step that is worthy the consideration and support of every physician; a step that ought to appeal to every one that has the interests of humanity at heart, and certainly one that should receive the support of the entire medical profession, and beyond the question of any doubt can be made effective by their influence—and that is by proper legislative enactment no young man or young woman should ever be permitted to assume the sacred obligations entailed by matrimony until after medical examination they are found to be physically competent to assume such a serious responsibility. If ever the day shall come when such a law is enacted, a very great advance will have been made in the final accomplishment of all the efforts that have been put forth for the control and correction of this serious and very important matter. The final success of such a measure will not only be the means for making better and happier homes, but in the end will reflect honor and glory to the medical profession, and at the same time will be of inestimable value and benefit in promoting and safeguarding the welfare and progress of this great nation.

Not infrequently subacute inflammations of the Fallopian tubes will be found to be of tuberculous origin.—*American Journal of Surgery.*

THE MOTHER'S BREAST.

M. F. Bettencourt, M.D., Ft. Worth, Texas.

The mother's breast is subject to various ailments of varying severity, all capable of causing much pain and discomfort. Most of these ills arise from small beginnings. They may usually be traced to a failure on the part of the mother to give the mammæ the care due them or because of insufficient knowledge of the attention they should receive. Not infrequently the mother's ailment is directly traceable to a stomatitis in the child. This is capable of inducing an excoriation of the mammillæ, which in turn may give rise to fissures, and these, possibly by absorption of septic material through them, may result in inflammation of the mammæ with all its painful sequelæ. This latter ailment may, however, be the sequel of a "cold" which has settled in the gland or the direct outcome of mechanical injury to the organ. These three common maladies—excoriation and fissure of the nipple and mastitis—constitute the great proportion of the mother's mammary ills during the period of lactation, and our discussion shall be limited to them.

A little well-directed care on the part of the mother can reduce these ills to a minimum, and timely treatment, properly directed, will greatly modify the remaining portion of them, thereby avoiding the painful and serious sequelæ which are almost certain to follow. All these ailments are more common to the primipara, though not at all infrequent in the multipara.

Extreme Tenderness of the Mamma.—This condition often predisposes to the more severe ills. On account of the pain produced by the nursing of the child, the glands are allowed repeatedly to attain an undue degree of distention, which is very likely to result in inflammation of the lactiferous ducts, and consequently a mammitis. It is always advisable in such cases to reduce this undue sensitiveness by inducing a toughening of the mammillary epithelium. For this purpose applications containing alcohol and alum will answer well. Something like the following will prove satisfactory: In alcohol and water of each one ounce dissolve a drachm and a half of alum, and apply to nipples and areolæ several times a day.

Excoriation of the Nipples.—This malady is common, and, like the preceding, is frequently the forerunner of a more serious ill. It is usually the result of a maceration of the mammillary epithelium by the milk and saliva and friction caused by the child's tongue or the mother's clothing. Not infrequently it is directly due to an inflamed state of the child's mouth or failure to bathe and dry the nipples thoroughly after each nursing. When stomatitis in the child is the cause, due attention must be directed to it. Besides the necessary internal treatment, its buccal cavity should be carefully and frequently washed with a boric acid solution. This solution must also be used to bathe the mother's nipples after each nursing, and care used to dry them thoroughly after each bathing. These mild measures will usually suffice. When nursing becomes too painful the mammæ must be emptied with the breast pump at regular intervals.

Fissure of the Mammilla.—A neglected excoriation is very apt to result in a fissuring of the nipple—a very painful condition, and one from which a mastitis not uncommonly results. With the fissured condition is usually found also an excoriation of the nipple. In addition to the measures recommended for the relief of the excoriation, some escharotic must be applied to the fissure. For this purpose full strength carbolic acid, applied by means of a smooth wooden applicator will do the work nicely. Nitric acid or nitrate of silver may be used instead, but the phenol is preferred because it is equally efficient, has a post-anesthetic effect, and is not likely to scar the tissues.

Mastitis.—Inflammation of the breast is by far the most severe of the affections mentioned, and yet one easily avoided if proper attention is given the minor ills. The mammary glands lying between the two layers of fascia and freely supplied with nerves, accounts for the severity of the pain which accompanies the malady.

Mastitis during lactation usually results from an infection of the gland through an abraded nipple, accumulation of milk in the mamma, causing undue distention of the lactiferous ducts, a "cold" which has settled in the gland or direct injury to the organ.

A marked rigor ushers in the ailment, and with the reaction develops fever usually of a high degree. A tumefaction, generally localized, develops in the mamma, and the pain is of increasing severity. The hardened mass is very sensitive to pressure. If unchecked, these symptoms are followed by those indicative of pus formation and pus poisoning. The aim of the treatment should be to control the inflammation and prevent suppuration. This can almost invariably be done if proper treatment is begun within three days after the onset of the trouble. If delayed longer, however, suppuration is likely to supervene. This will usually take place in from eight to twelve days.

When a breast becomes inflamed, the child should not be allowed to nurse it; however, it should be emptied regularly with a good breast pump. Suspension of the inflamed mamma will alleviate the pain and assist in overcoming the inflammation by relieving the tension on its tissues.

Our patient will usually be seen after fever has developed. The proper sedative, which will usually be aconite, will be administered. Phytolacca will be our sheet-anchor, and the sharp and cutting pains usually present will call for bryonia. Specific aconite in doses varying from a sixth to a third of a drop; specific phytolacca in doses of from two to four drops, and specific bryonia in from a sixth to a third of a drop will be administered hourly. Phytolacca will always be plainly indicated, and that throughout the entire course of the trouble. Specific veratrum, gelsemium, belladonna, etc., may be called for to replace some of the remedies mentioned. Acetate of potassium in doses of ten to fifteen grains, well diluted and administered every two hours, is often found to be a very valuable adjunct, especially if active elimination is indicated—and these cases usually do need active emunctories.

Applications of hot, saturated solution of sulphate of magnesium will relieve pain and aid in resolution, and a full dose of the salt will not be amiss as a "starter" in the treatment.

Should the fever persist, and swelling and tenderness continue for some days, suppuration will tend to follow. To prevent this, Homeopathic hepar sulph. one-grain tablet of the 1 x should be given every two hours. This will be sufficient dosage, and will fight pus-formation like a soldier who means business.

In those neglected cases, in which pus has formed, the abscess must be opened freely at the point of most marked fluctuation, the softest spot over the hardened mass. The incision should always be made toward the nipple, and never crosswise of the mamma. The abscess should be cleansed regularly with some mild, cleansing, antiseptic solution like boric acid, hydrogen peroxide, etc., and continued until healed. The patient should in the meanwhile receive the indicated treatment and sufficient well-prepared nourishing food.

THE AFTER-TREATMENT OF LABOR.

George M. Hite, M.D., Nashville, Tenn.

At first thought one might say the after-treatment of a normal case of labor might be left to nature and the care of the trained nurse, but the old adage is that an ounce of prevention is worth a pound of cure. Hence we will give you what has been eminently successful in our own experience of more than twenty-four years in avoiding unhappy sequelæ in cases where there were no complications during the progress of labor.

First, we secure perfect contraction of the uterus by grasping the uterus with the right hand, kneading it, pressing toward the back and downward, keeping it thus contracted for about fifteen minutes before releasing our grasp. This has the effect of preventing post-partum hemorrhage and after-pains, which secures to the accoucheur much deserved credit and the gratitude of the patient.

The internal therapeutics consists of spec. medicine aconite gtts. iv; fer. phos. 3x grs. xxx; sp. med. cinnamon ʒj; water ʒiv. M. Sig.: Teaspoonful every hour when patient is awake. The aconite overcomes the peculiar nervousness that results from labor, and assists the fer. phos. in preventing chilliness and fever when the milk comes, and instead of the patient spending a wakeful night following her accouchement, she sleeps like a child. The fer. phos. relieves the traumatism incidental to the mechanism of labor and prevents soreness of the muscles brought into requisition during parturition, and assists the aconite in preventing milk fever. The cinnamon keeps up the contraction of the uterus, preventing postpartum hemorrhage, and, being one of our best puerperal antiseptics, it prevents a possible septic infection. This prescription we continue till the fourth or fifth day, unless the lochia becomes offensive, when we substitute potassium chlorate, grs. xxx, for the

aconite, combining it with the other remedies, and continue until the odor is cleared up.

We find a hot solution of borax, ℥ss of the borax to one-half gallon of hot water, the best solution with which to cleanse the patient, and besides we avoid the possibility of poisoning our patient, as we might if we should use the bichloride of mercury or carbolic acid. We use the above solution externally only, regarding vaginal douches at this time as useless and often very harmful.

We request that our lying-in patients be assisted up to the vessel to discharge bowels and bladder, thus emptying the vagina of all accumulated blood and clots.

At the end of ten to fourteen days, if the patient has done well, and we feel sure she will if the above treatment has been observed, we allow our patient to be up in her room.

CHRYSANTHEMUM LEUCANTHEMUM—LEUCANTHEMUM VULGARE.

Herbert T. Webster, M.D., Oakland, Cal.

New remedies are often disappointing. Sometimes we fail to learn to properly apply them; and, again, they are not capable of fulfilling the claims that have been made for them, and after a short time they deservedly fall into disuse and obscurity. This agent has long been listed in our leading work on therapeutics, King's Dispensatory, but has seldom been mentioned anywhere else. Until I called attention to it, about four years ago, in an article in the *Eclectic Medical Journal,* it had remained for many years in innocuous desuetude. The latest work in our school to mention it is King's, and it has almost been forgotten. It is not probable that Professor King himself considered it worthy of more than casual mention, for he remarks that "It has been found serviceable in whooping cough, asthma, and nervous excitability." "Its internal use has been highly recommended in colliquative perspiration." "Externally, it has been used as a local application to wounds, ulcers, scald-head, and other cutaneous diseases." From such expressions we are apt to draw the inference that this author never had any personal experience with it.

Professor King had, however, a predecessor who mentions it with little if any more enthusiasm. This was Professor Wooster Beach, M.D., in whose work on "Materia Medica," published in 1850, it is mentioned under the heading of "Ox-eye Daisy," with other common names of white-weed, white daisy, etc., with the botanical name, Chrysanthemum Leucanthemum, as an identification. The article on the subject is not lengthy, and I will quote it as a matter of curiosity, largely:

"This is an exotic plant, common to the fields of Europe, and was probably introduced with the seeds of some of our meadow grasses. It grows in old fields and by roadsides, and is exceedingly hard to subdue. It bears a large white blossom, from twelve to twenty inches above the ground, and is

almost too well known to need description, but it possesses many valuable qualities in the treatment of some diseases.

"The ox-eye daisy is diuretic and vulnerary, and the flowers are used in infusion for dropsy, asthma, tinea, etc. They promote perspiration, taken on going to bed, and are consequently useful in fevers and colds."

My introduction to this remedy was purely accidental; at least, I learned of its merits without any knowledge gleaned from medical books or medical men. There are evidently still gems of knowledge in domestic practice which we yet have to appropriate to professional ends. During the latter part of the winter of 1907, my wife became severely ill with what presented many of the symptoms of Hodgkin's disease. After the acute symptoms subsided she lapsed into a prostrating nervous fever, attended by hectic and debilitating night-sweats. She was extremely nervous and wakeful at night, getting few hours of rest the night through, and rapidly losing flesh and strength. The specialist who analyzed the blood halted between tuberculosis and lymphadenoma. There was such extreme anorexia that it did not seem as though she took nourishment enough to sustain life for many months, and severe gastric pain followed every meal. In May, I took her to her old home in Oswego County, New York, where her relatives lived, with little expectation that she would survive to return to California.

Within two or three days after arriving at her brother's, the insomnia and night-sweats were mentioned, and he advised a decoction of white daisy, remarking that it cured him when the doctors failed, after a long-standing siege of chills and fever. The fields and roadsides were white with the plant at the time, and I at once prepared a decoction from the fresh herb and administered it in tablespoonful doses every two hours during the day. The following night pronounced benefit was realized. The perspiration was much lessened, and a fairly good night's rest was secured. Within a week, she slept well all night, and the sweating had ceased. From this time marked general improvement set in. Appetite increased, and the great gastric distress that had so long prevailed after eating disappeared. She began to take on flesh, gained strength, and in September I brought her home as well, apparently, as before her illness. Though never robust, her health is now as good apparently as it has been for years, though the glandular enlargement persists and is aggravated by exposure or overexertion. To say the least of this case, it was an extreme instance of neurasthenia, debility and nocturnal sweating. I had tried my old favorite, picrotoxin 3x, with only slight temporary benefit. The night-sweats would soon return, and it finally ceased to do any good at all, and I had abandoned it as useless. Many other vaunted agents were tried with as little avail. Among other things, we tried quinine in acidulated solution as a bath, at the recommendation of a consultant of wide experience. The case seemed to have reached a stage where remedies were of no avail.

Leucanthemum is not only a grand remedy for colliquative sweating, but I think it is a better remedy than passiflora to quiet hyperesthesia of the nervous system and promote normal slumber. It is not a narcotic in any

sense of the word, but seems to possess some dynamic property which fits it to debilitated nervous subjects in a very satisfactory manner.

I was so pleased with its action in the first case—for no other remedy was used during the entire summer—that I packed a quart Mason fruit-jar with the fresh plant, covered it with best alcohol, and brought it home with me. Soon after arriving, an old physician, a long-standing friend and confrère, called on me for a friendly chat, and incidentally referred to the condition of his wife, who was about the climacteric, and who was troubled with insomnia and nocturnal sweats. He informed me that it had been continuing for several months, despite all that could be done to arrest the symptoms. I spoke of this remedy, told him what it had recently accomplished and advised him to make use of it, at the same time giving him an ounce vial of my tincture, suggesting a drachm to four ounces of water, dose a teaspoonful every two or three hours during the day. Within a fortnight the case was reported well and my friend was very enthusiastic over the result.

My jar of tincture was exhausted nearly a year ago, and a pint prepared from some of the plant sent from West Virginia to Dr. Fearn is now low. I have used it with great satisfaction in a number of cases during the past four years, and have hardly ever prescribed it without getting the best of results. I now have an order in—to my brother in Ohio—for a small quantity of the recently dried plant, to be sent as soon as it is in blossom. I feel that I am not qualified to meet certain cases without it on hand.

For several years I have prescribed frequently for a broken-down maiden lady about the climacteric, who, about five years ago, suffered from an attack of spinal fever, from which she emerged with partial paralysis of all the extremities, making prehension and locomotion difficult; so much so that she has crawled on her hands and knees like a creeping child, until lately, when she has tried to get about. She has suffered excruciatingly with neuralgia at times, and at others her knee-joints have been inflamed and swollen and very painful. She suffers greatly at times with indigestion, and at others with colliquative diarrhea. She has been under observation for at least five years, and a new state of affairs developed the past winter, viz., insomnia and night-sweats. As her means are limited, she usually endures new developments for several weeks before calling for professional aid. She was afflicted this time with darting pains in the peripheral nerves, wakefulness almost all night, and debilitating sweats. She is always anemic and neurasthenic. Upon observing her condition, I regretted very much that I had no tincture of white daisy on hand, but, remembering later that Dr. Fearn was supposed to have a supply, I telephoned and was able to get two ounces. This I alternated with magnesium phos. 3x, and relieved her unpleasant aggravation in a short time.

I have now described three of quite a number of cases in which I have found this remedy of great avail. I am satisfied that it should be more widely known and employed. The fields are white with it during May, June and July, all over our eastern country, from Illinois to the Atlantic, and

from Canada to the Ohio River. I suggest that every one of my readers spend five minutes preparing a tincture when it is in its prime and be ready to resort to it in appropriate cases. I am but a second pioneer in its use, and am charmed with the remedy; others may add very much to what I have been able to determine as to its virtues.

Professor King's remark, that it "has been found serviceable in nervous excitability," is very apropos. It has not yet been well tried out in this respect, but for insomnia with debility and relaxation of the sudoriparous glands I believe it to be without an equal.

STICTA PULMONARIA.

Lee Strouse, M.D., Covington, Ky.

The best preparation on the market of this remedy is the specific. It is the only preparation that I use.

Indications.—Pain extending from shoulder to occiput. Occipital pain increased by turning the head, and pain from cough associated with the above. It also acts nicely in la grippe, where there is tightness of the chest, seemingly an inability to get a good breath. I regard this last indication of more importance than all others.

It is pleasant to carry in the pocket-case, easy to dispense, and very certain in its action.

The sick will take it more readily than the more bitter medicines. I write this especially for that one condition, namely: Tightness of the chest, seemingly an inability to get a good breath.

Dose.—Ten drops to half-drachm, water four ounces. Sig. Half-teaspoonful hourly or as needed.

THE RECRUDESCENCE OF LARGE OVARIAN CYSTS.

O. C. Welbourn, M.D., Los Angeles, Cal.

Almost twenty years ago the writer, then a medical college student, was attending a clinic at the old Cincinnati City Hospital and witnessed the removal of a large ovarian cyst. The operator embraced the occasion to remark that such cases were becoming very rare and that probably none of us would see such a large cyst again. The reason that he gave for his conclusion and the basis of his prophecy was that the advent of aseptic surgery made such operations so free from danger that all such cases would readily consent to an early operation. All of which seemed logical and in the experience of the writer proved to be a true prophecy up to the last five years. After a lapse of fifteen years, these cases have become quite common again, some of them reaching the enormous size of seventy-five or even one hundred pounds, and frequently having insurmountable complications.

Being of an inquiring turn of mind, we have questioned these patients quite closely in an effort to learn the reason each one had for such extraordinary delay. And, as a result of these investigations, we have found that

while they have suffered many things at divers hands in an effort to obtain a cure, they invariably have relied chiefly upon the ministrations of Christian Science practitioners. Possessed of an inordinate dread of the only cure that is a cure, and hoping against hope—both mental illusions, but in strict accord with its teachings, some of them have persevered even unto the end. Others have been the marvel of all beholders in that they have been able to get on their feet and walk into the hospital. Such is one of the results of this false teaching. Twenty years ago it was little known and its later influence not weighed at all. Therefore the mistaken prophecy, and therefore the present recrudescence.

IRIS.

Samuel B. Pratt, M.D., Boston, Mass.

It is at times essential that both the more objectively based and the more virulent diseases should be regarded from the diagnostic name of the disease. For this name stands for a more or less constant and definite group of symptoms, which, primarily, are due to a known basic and therapeutically responsive cause; although this symptom group by no means represents the whole pathology of the disease. Where there is no known basic cause, however, then treatment by diagnosis—or according to an arbitrary and metabolically meaningless classification—is, it seems to me, but a survival of the densely empirical methods of olden times. Or, where this basic cause is simply developing, but not at the moment recognizable, then hesitation to treat symptomatically, and instantly, is assuredly a sign of professional weakness. And it is teaching of this character, I believe, that foists upon an observing public, physicians a fair portion of whose work is ineffectual, simply because it is so often based upon no known and directly responsive point of therapeutic attack. Professionally these men may be filled almost to the bursting point with crowded accumulations of modern medical knowledge and isolated detail. But a goodly portion of this heavy intellectual load is, in a physiological sense, so disconnected that it takes a large share of mental effort simply to keep it from dropping to pieces; and, in practical work, this intellectual mass so often takes the form of more or less unrelated suggestion that it requires hypnotic aid to pull these isolated details into creedal shape. In fact, it requires the assurance of that form of hypnosis which develops with incantations to a fetich. And, for this reason, this class of physicians seldom dare to move professionally until—following their creed—they can first place themselves *en rapport* with the psychology of one of these suggestive, or arbitrarily diagnostic, classifications. As a class, therefore, they ignore the well-proved action of single drugs upon symptoms, or upon groups of symptoms, irrespective of the disease; and, by so doing, still further increase their own helplessness toward independent and creative mastery over pathology *per se*.

One dangerous result of this over-reliance upon diagnosis lies in the time that is generally required to work it out. This time, therefore, con-

stitutes, with few exceptions, a period of therapeutic inactivity; for, until a diagnosis can be suggested, they seldom dare act directly upon the pathology. It is but natural, therefore, that a large proportion of this class should tide over this period of professional helplessness as a matter of form and policy. And it is my increasing observation that they do this by means of an initial prescription which perforce has no reference whatever to either the disease, the symptoms nor to any other consideration except diplomacy. And I know of no word that more perfectly describes the wholly unscientific character of a large majority of these initial prescriptions than the slang term, dope.

Dope is seductive. It numbs and quiets the whole situation, both physically and intellectually. It is a splendid labor-saving maneuver. And in general it so comfortably lengthens the disease itself that perhaps we should not be surprised to learn that it is not uncommon for some busy physicians to order 5,000 tablets of morphine at a time, or the usual morphine and atropine compound. For, once started, the alluring ease of this dope method of prescription is apt to extend itself more or less throughout the treatment of all diseases that come under the care of the more therapeutically helpless of this class of diagnostic enthusiasts. And even with the more conscientious of this school—such as follow the creed of diagnosis too religiously—much of their otherwise splendid work is marred, because they too often find that, in endeavoring to reduce all pathology to an arbitrary diagnostic base, they are too many times following a will-o'-the-wisp. And sooner or later this fact arouses in them a feeling of helplessness, a tendency toward the crude anti-physiological therapeutics of surgery and an ultimate indifference toward all curative methods, that strongly savors of the morbid mentality of fatalism. As a result these rabid diagnosticians assume an attitude that, psychologically, is female. For their ability to simply learn and handle detail is far beyond their power to apply these details in a constructive, appreciative, connected and practical manner. Thus they become mere followers of the medical fashion and precedent of the day. They regard other scientific schools who do not intellectually act and dress like themselves, as being outside of the professional swim. In fact these undoubtedly believe that within their own school and creed is to be found all known and practicable medical knowledge, and they recognize no intellectual equals who differ with them creedally. Progress, however useful and practicable it may be, that does not seek the protection of their creed, they regard as not worth attention. And lately their scientific stamina has so degenerated that it is taking the form of paternal dementia. They seek national recognition within the government, not for the advancement of science but for their own aggrandizement. To accomplish this they have descended to crude, coercive political methods. They seek a union of creed and State, but not of science and State. I mistake the broad, virile spirit which has enabled this country to advance, however, if it permits this relic of governmental methods to say to it, "I am the State, and there is neither health nor any form of medical progress beyond me."

Even the lay mind, with its power of observation strengthened by modern education, is beginning to understand the result of the outward assertiveness of this school and its inward weakness, even though they may not comprehend the cause. And for this reason many an herbalist, clairvoyant medical practitioner and psycho-therapeutist has reaped a reward thereby. Because, within the milder and more simple grades of pathology in which the otherwise honest portion of these semi-professionals attempt to treat, they frequently have greater success, both therapeutically and financially, than many a diplomed physician. Simply because, quacks though they are, they often know how to apply the little that they do know in a manner that is both effective and practical.

I believe that much of the medical training to-day results in outward and seeming strength and inward weakness. Much of the teaching is artificial. In the larger schools the routine is based too largely upon phonographic-like memorizing, rather than upon the development of individual, practical and constructive ability. The teaching is too apt to be didactic. And a great mass of the facts presented are far in excess of what even the teachers themselves know how to apply in an absolute and therapeutically practical manner. In fact, I am fairly nonplussed at times, as I cross and recross the clinical tracks of some highly-regarded physicians, to note the fairly infantile character of some of their drug therapy and the needless suffering therefrom. I am speaking in the light of principles, of course, and not in personalities. It is little wonder, therefore, that the public often reaches toward curative methods which, although based upon monumental ignorance, are nevertheless capable at times of relieving their sufferings in a manner that is beyond the power of the average physician to understand. In fact, what can be expected of that class of therapeutic judgment that refuses to believe that, whatever the disease, there is a symptomatically and scientifically indicated sedative or stimulant that is instantly applicable to the condition, and that, if rightly selected, this remedy will immediately tend not only to ease the patient but to produce also a physiological and curative balance within both the pathology and within the special diathesis in which this pathology is active?

Ability to diagnose, therefore, is, I believe, but one step in advance of ancient empiricism. On the other hand, however, treatment by indications—or by symptoms as exhibited through the particular diathesis of the patient—is still another, and a far more immediately responsive and effective advance. For it is physiology that cures, and not the drug, nor the diagnosis either. And, rightly understood, symptoms indicate physiological effort, in assisting which we may be able to cause and maintain a true physiological balance, and thus at times even cause the pathology to disappear before it has gained a sufficient foothold to have assumed diagnostic significance. But—and herein comes a large share of the indifference to this method—its application requires constant and unremitting study. Thus we who use this latter method are far less apt to stand gravely and supinely by, and, as too often needlessly is the case, diagnose without being able to help. While

placing the highest value upon true diagnosis, we are far less apt to make a fetich of this otherwise valuable basis of therapeutic effort. Broad, practical experience has taught us that, whatever the pathology, failure to meet it with a therapeutically assisted physiology is more than apt to lie in our own inability to read the symptoms rightly, granting, of course, that the drugs we have exhibited are of an assured and proved standard. And, parenthetically, no physician can be so sure of this vital requisite as the one who buys and dispenses his own drugs. If we desire accomplishment according to our own standard, we must generally attend to the vital details ourselves, although I admit that it involves both extra labor and expense.

Thus, both with and without diagnosis, and especially without that form of diagnosis that is in reality but a bluff and a farce, we can often get remarkably exact results where the mere diagnostician is helpless. Moreover, our method both impels and compels the study of such a broad range of remedies, in order to cover symptoms, that a large portion of these remedies are necessarily as harmless as they are effective. We are far less apt, therefore, to resort to harsh, crude and physiologically racking poisons. Because, in general and unless we are possessed of a dilatory and mechanical comprehension, we can get better results without them. Nevertheless, even our own method savors strongly of empiricism, when carried to the extreme. And at times it is only the most intuitive and experienced who can analyze and then therapeutically reconstruct the frequently confusing mass of disease symptoms and related drug indications into their basic adaptation. It may be argued that the fault in these cases lies in the individual rather than in the method. Yet I believe that the brightest minds of both the Homeopathic and Eclectic schools are often thus led into swamps of intellectual effort, where the beacon lights also prove at times to be but will-o'-the-wisps, simply because we are not using symptoms and indications with regard to their truest significance. And unless I am greatly mistaken, I believe that the time will come when we shall in part cease to regard symptoms as direct indications for the remedy to be exhibited, looking upon them instead, as manifestations of the exact grade or grades of tissue pathology involved. Then, and irrespective of aught else, our remedies will more often be applied solely and directly because of their known and exactly foreshadowed chemical affinity for these pathologically weakened tissues.

When the general progress of medical science has enabled us to do this, then the redundance of indications which now clings around so many of our remedies will appear in a clearer and more helpful light; and the growing therapeutic nihilism of to-day, which in part is also due to the latent empiricism of our own school as well, will, I believe, largely disappear. To-day, however, we can so readily effect immediate symptomatic results that we are apt to get pardonably careless regarding the extreme minutiæ of physiological and pathological detail, and yet, while the minutiæ are of little therapeutic value in themselves, I believe that they would greatly assist our method if we but made serious effort toward a systematic and experimental study of them, as related to drug action. In this connection, that is,

regarding the chemical affinity of drugs for special classes of tissues, rather than as a mere symptom antagonist, I am going to suggest iris, and what I believe may be its direct chemical relation to some portion of the tissues, and therefore of the metabolism of the thyroid gland. My effort will be to suggest some of the varied pathology that may appear when the metabolism of this gland has become physiologically weakened. At the same time I shall endeavor to compare this pathology, upon a theoretical basis, of course, with the rather broad range of otherwise seemingly unrelated symptoms that iris undoubtedly influences.

The thyroid has a tremendous influence on metabolism, as have also and in a like manner, I believe, all the ductless glands. It appears in utero, having at this period ducts that lead to the mouth. Later these ducts are obliterated. But it is significant that human milk contains thyroglobulin, whereas cow's milk, for instance, contains but a trace of this physiologically important chemical, the reason for this being, undoubtedly, that calves are born with a functionating thyroid. The internal secretion of this gland, therefore, is not only of great importance, but as the human thyroid takes a proportionately longer time to reach completed function, it would seem that the duties that it has to perform are more complex and of a higher grade. Further, when the function of this gland is partly or wholly arrested, these duties become apparent by the absence of development in those higher cells which form the physical basis of adult growth, both mentally and physically. Roughly grouping its various lobes and sections, and without distinguishing the parathyroids, I believe that the function of this gland, as a whole, is represented by a secretion that it precipitates within the blood, and that this precipitate acts as a catalytic element (or elements), the quality and ability of which varies in both its chemistry and capacity, in proportion to individual requirements. I believe also that this precipitate acts by becoming the positive element, by aid of which nutrition that has osmosed through the capillary walls of the vaso-motor system, is forwarded to certain grades of the higher and more exalted cells. As a rule the great mass of body cells take care of themselves if given half a chance to do so. For each cell is not only a complex and completed organism within itself, but each grade is also so closely related and so habituated by ages of heredity and evolution to interact and functionate each with the other, that their nutritive processes and their enzymes and catalytic intermediaries have become physiologically automatic. I do not believe, however, that this more or less complete automatism is a characteristic of the thyroid and other ductless gland functions. For all evidence seems to prove, to myself, at least, that the internal secretion or precipitate of these glands each connects, by the law of catalysis, widely varying systems of cell growth, each of these systems being composed of a functionally complete series of the more automatically governed grades mentioned. These glands, therefore, according to my belief, form the intermediate physiological basis of our evolution. They are the chemical hearts, so to speak, by aid of which the great osmotic circulations

of the body are regulated. They furnish the variable connecting link between our more primitive and basic animal cells and the higher, specialized and exalted cells, by joining their otherwise wholly disconnected metabolic processes into one unbroken, nutritive and physiological sequence.

The best representative of this lower system is perhaps that grade that we called the connective tissue. It is everywhere, and has been well called the soft skeleton. It is composed of cells low in organization, but remarkably serviceable in character. When poorly supplied with blood, it shows a singularly persistent and durable life; in pathological conditions it can display enormous proliferative and plastic, although lowly, organized structure. When well supplied with blood, however, I believe that it, and possibly its allied grades, become the tough, patient, humble and prolific mother, from which, supposedly—for the idea is of course not original with me—proliferate another and a higher class of cell which, ultimately, becomes a functioning portion of the higher system of cells previously mentioned. This peculiar, high class of cell has been called the daughter cell. But, as I proceed, my meaning will be more clear if I call them the differentiates.

As these differentiates develop, they manifest varied and specialized functional abilities that are far in excess of the simple physiology of the parent stock. Their varying grades form a complete and higher system, the superior chemical function of which, under normal conditions (and excluding age) holds this parent stock completely subservient to their own superior requirements. Thus they use this tough connective tissue as a mechanical support for their own delicate structure. They also check its excessive proliferating capacity which, otherwise, would encroach upon the space that they require, and in fact often does, and thus mechanically crowd them out of existence. Beyond this, however, in developing special and exalted abilities, these differentiates become sterile. Thus, although the cycle of their life varies, yet as it is at most short, it is necessary that they should be constantly proliferating and differentiating from this parent stock, as the processes of our higher life use them up. And, for this reason, they still further use it as the one procreative basis upon which depends their own existence. And I believe that the thyroid and other ductless glands have, as before intimated, catalytic charge of either this differentiation or of the nutrition of these higher cells, or perhaps of both of these most important evolutionary details.

This catalytic function of the thyroid is still further suggested by the sudden, although mild, increase in its activity shortly after birth, and at about the period when elementary infantile observation first appears. Thus it would seem that this primary intellection, based as it is upon a proportionately increased activity of the differentiates, also depended upon an equivalent increase of the thyroid function for catalyzing purposes.

From this period of infancy and until just before puberty, thyroid function should increase slowly and evenly. And, in passing, I would like to call

the attention of educators to this fact—possibly it will help to check the abnormal and degenerative over-education of children at this period. For every thought demands its quota of differentiate birth and death. And if, before this lower system has reached a maximum of function, its basic animal cells are called upon to furnish excessive nutriment, superior chemistry and undue energy to supply this higher—and metabolically adolescent—system, the effect is the equivalent of demanding adult labor from a growing child. The result is more or less abnormality and defective physiology, accompanied frequently by unwholesome intellect. Physiology, in these cases, never reaches its maximum unless based upon a very strong heredity. It conduces toward presenile development, masturbation in both sexes (the which, once habituated thereto, a girl seldom ceases), abnormal sexuality, race and individual suicide, over-reactive and mono-intellection, and inability to understand or deal with the plain, wholesome human emotions, duties and growth. And thus, too frequently in the present age, we are placing upon the practical stage of life, apologies for that normal manhood and womanhood which constitutes the real growth and continuance of nations. Because we awaken the superior functions of this higher system before the physical basis on which they are founded has matured.

When, however, just before puberty, the lower system has reached a maximum of function—that is, when it has reached a maturity of differentiates, although not necessarily a maturity of size—then the slowly developing differentiates suddenly become more active. This is the precursor of adult or higher growth; the mental, emotional, sexual and higher physical manifestations which are wholly dependent upon differentiate metabolism. Normally, the thymus atrophies at this time, but the thyroid suddenly becomes very active. Because (if my theory is correct) as these differentiates forge ahead, both qualitatively and quantitatively, they also necessarily begin to grow away, both as regards metabolic chemistry and nutritive physiology, from the lower system. And nothing can bridge the growing and constantly variable chasm between these two cell systems but a corresponding increase in both quality and quantity, especially of the thyroid and probably of the other ductless gland secretions as well.

Again, during pregnancy and during lactation as well, if the mother is one of the good, old-fashioned kind, there is a still further increase of thyroid activity, the object of which is undoubtedly to supply a sufficient amount of catalytic secretion for the use of the budding differentiates of the offspring. For it will be remembered that the human infant is not born with a fully capable thyroid function. Still further, after periods of mental and emotional strain, adults may find that the draft upon their differentiates has been so great that their thyroid function has been unable to wholly bridge the chasm. Thus, I believe, may occur a partial break between the two cell systems, the result being some form of collapse, prostration or neurasthenia, etc. Age and senility are characterized by a greatly lessened or both altered and lessened thyroid function, and by differentiates of an em-

bryonic quality, or by their wholesale, although not total, disappearance, and a survival of the tough connective tissue and lower system of cells. Cretinism (supposedly complete lack of thyroid function) if developed in utero, and if the child lives, results in physical monstrosities whose intellects are merely vegetative. Cretinism developed after birth results in lack of both mental and physical adult capacity, generally including the sexual function as well. Myxedema (a more or less incomplete cessation of thyroid function in the adult) is accompanied with a differentiate system that gradually becomes embryonic in function, and an adult infantilism generally sets in. Thyroid function, therefore, is undoubtedly one of the prerequisites of our higher or evolutional physiology.

For these, and many other reasons, therefore, it would seem that the internal secretion of the thyroid, and other ductless glands as well, were precipitated into the blood current as variable and chemically elastic catalytics. And that their function is to be catalytically responsible to the varying physiological or metabolic distance that the exigencies of life may cause to exist between the two systems of cell life through which, I believe, the human ego manifests. For, when these ductless functions are lacking, the differentiates either atrophy or become physiologically embryonic.

Before proceeding it is necessary that my idea of a catalytic be understood. For, judging by contemporaneous literature, the terms catalytic and enzymè are being used synonymously. A catalytic is an element that is capable of transmitting active forms of energy without appreciable effect upon its own molecular construction. Within certain degrees or grades of active energy its molecular arrangement is promptly and elastically responsive to this transmission, although chemically it remains immovable. Catalytics, therefore, represent the positive phase of maturing forms of growth, and are always, I believe, in a molecularly static and crystalline (not amorphous) condition. Physiologically, their size is always, I judge, ultramicroscopic. Their chemical grade determines the grade and phase of active energy correlating through them. Their physiological function is to transmit active energy into colloid products, colloids being temporarily matured cell products, representing the negative phase of physiological maturity or maturity in its amorphous form.

Normally and physiologically, a catalytic energizes a colloid before the colloid has had an opportunity to undergo chemical cleavage, degeneration or decomposition. It reanimates the amorphous relation of the molecules of this colloid, until each molecule has taken on a new, positive and characteristically energetic attitude toward every other molecule of which it is composed. The result is a molecular rearrangement along new, specific and exact lines and forms of future growth, which changes its condition (not its chemistry) from colloid to crystalloid. Crystal formation is a method of growth. And, in this crystalloid condition, the previous colloid—if it belongs to the nutritive and ascending side—is enabled to osmose into the sphere of a still higher grade of cell metabolism. In passing, I would like to

suggest that as we ascend the metabolic scale the material involved in these processes becomes proportionately smaller, more refined and more powerfully energized in an evolutionary or higher sense.

Catalytics, on the purely mechanical plane, are represented by a billiard ball, a bullet, or even a completed house; each being mechanical forms of crystallized purpose. Or, a boiler and machinery represent a series of interacting catalytics; which, if adjusted, absorb and transmit the active energy of the burning coal into new and higher results. A radiator, or an electric wire, are catalytic agents; each transmitting that grade and phase of energy suited to it. All catalytics, therefore, are exceedingly small, in proportion to the massive bulk of materials between which they are capable of effectively transmitting active forms of energy without appreciably affecting their own integrity. There is an effect, however, but it is of a character that does not come within the scope of this paper.

On the other hand, an enzyme is, I believe, always a negative element, and a colloid—but never a crystalloid. Moreover, it is always a product of excretory cell metabolism. And, whether situated far within the tissues, or simply within the outer gastro-intestinal tract, it is, of itself, and because of its colloid and temporarily matured condition, chemically indifferent to its surroundings. For this reason it cannot osmose. But, moving indifferently along mechanically open channels, however, it sooner or later becomes attracted, or in a sense magnetized, by the right grade of energy. This energy it finds correlating through a catalytic that is otherwise temporarily out of business; because, having finished its immediate task, it is lying securely held within the structure of some thoroughly matured assimilative cell. Again, however, the same grade of catalytic may be found also in some bacteria; that, but for a similar grade of catalytic power, could not exist in this region. And the otherwise low organization of this germ would place it in somewhat the same defenseless position toward an enzyme as is the comparatively inactive chemistry of the matured assimilative cell just mentioned. Further, the required catalytic, for the digestive enzymes of the gastro-intestinal tract are also found in the cell elements of the food that we eat. The principle is the same, always and everywhere. The instant that this previously indifferent enzyme feels this energy, its molecules become active in an initial endeavor to arrange themselves along the new lines of force that are penetrating harmoniously within its diathesis, so to speak. Nevertheless, no matter how active these enzyme molecules may thus become, it cannot enter the crystalloid condition until it has come into direct contact with this hidden but attractive catalytic; and, for this reason, it cannot osmose through the outer structures that intervene between the catalytic and itself. Thus, like an armature that is nearing its magnet, these energized and still partially colloid enzyme molecules gather forcibly on the outskirts. And, with a molecular and chemically attractive force, that increases I should judge with the lessening square of the distance, they first become glued and then begin to wedge their molecular path inward. The nearer they get, the more strongly do they tend toward molecular division,

and to combine in new chemical formation with the mildly resisting tissues before them; until, at last, chemical action does result, as they savagely force and dissolve, capture and digest the outer and inner bulwarks within which the coveted catalytic lies.

It must be remembered, however, that this enzyme is an excretory (not an assimilative) product. Thus, in digesting and dissolving the surroundings of its coveted catalytic, it still further follows the excretory characteristic, or function, that is physiologically inherent within it. That is, it attacks the grosser elements of this assimilative cell, bacteria or food, or such portions thereof as are to be excreted; but it has no affinity for, or chemical effect upon, the higher and still further assimilative portions. Its digesting and dissolving activity, therefore, merely sets free, in a mechanical manner, and thus leaves intact, such of the superior elements, of whatever it attacks, as are capable of further, higher and still more exalted metabolism. And, when at last it has thus worked out its economic mission—when it has thus first physiologically earned, and then freed, this catalytic—the two then join; and, by analogy, become a battery. Thus this previous enzyme, in chemical combination with the grosser elements mentioned, undergoes complete division and recombination. It is no longer an enzyme. And, fully energized by direct contact with this catalytic, it becomes a crystalloid; chemically active, alert to the surrounding physiology, and capable of osmosing. Thus, still following the characteristics inherent in every atom of its combination, it continues its downward, outward and excretory path one step, or one cell grade further.

Therefore, if I am right, enzymes arise wholly from the excretory side of metabolism. They form a portion of the intermediary chemistry, sometimes termed opsonic, by means of which the individual ego may, at times, more or less qualify this hereditary, and otherwise more or less automatic, intercommunication between the widely varied grades of cell activity composing the body. And it is by qualifying methods of this character, I believe, that a large part of the success of psychotherapy depends. The laws governing the metabolism of the excretory cells, *per se,* are, I believe, exactly the reverse of those governing the cell activities or the assimilative side of our physiology. Each side is made up of a series of grades that are both opposed and yet complementary in all their activities and methods. But to further theorize upon these details would be out of place here. I merely wish to emphasize catalytic function, as I see it. And to suggest, also, that many of our most valuable, powerful and innocuous remedies may contain, in vegetable form, not only the catalytic but an enzyme chemistry as well, that is analogous to enzymes arising from physiological sources.

The internal secretion of the thyroid, therefore—that I have suggested as being precipitated into the blood current—becomes active as a catalytic, I believe, just beyond the osmotic function of the vasomotor capillary walls. Like the skilled fireman this precipitate forwards the osmosed nutrition physiologically upward, from this point, by acting as an intermediary through which these superior nutritive molecules become re-energized until they are

within molecular and physiological reach of the differentiate chemistry. As will be seen later, however, both the function, and the catalytic power, of this gland may become temporarily and variously affected and weakened; thus causing widely varying results, which are still further modified by the general diathesis of the individual. Thus, if its precipitate is chemically normal, but merely lessened in quantity, it would permit such portions of this rich nutritive material as it could not catalyze, to pile up just beyond the capillary walls; where (if I am right) because of its colloid condition, this surplus of nutriment would tend to remain, for some time, in a more or less indifferent attitude toward the surrounding chemistry. Even with fairly normal thyroids I believe that this piling up process of surplus nutriment, just beyond the vasomotor capillary walls, takes place; but, in this case, it takes the form of reserve nutriment that has been pushed forward by a normal and healthy lower animal system. In this case it becomes reserve nutriment, ready for an emergency call from the differentiates. And it, or possibly its residue, takes the guise (I am tempted to say disguise) of hard, healthy, nascent, so-called fat, etc. With catalytic deficiency of this thyroid precipitate, there often appears an excess in the quantity of the secretion. And this would result in varying conditions; such as exophthalmos; flabby, adipose, neutral fat conditions; or even the infiltrative form of fatty degeneration, where the semi-crystalloid condition of this grade of nutriment would cause not only fatty degeneration of great masses of the differentiates, but thus also cause them to become metabolically so inactive as to fairly crowd normal differentiates out of existence. These effects would depend, primarily, upon the proportionate lack of quality, together with the proportionate increase in quantity of the secretion, this series of effects probably ending in senility. With a very deficient thyroid catalytic quality, or with its supposed total disappearance, we get the mucin and mucoid infiltrations of cretinism and myxedema. And so on.

More often, however, I believe that the increasing bulk of this deficiently catalyzed pabulum simply crowds metabolically backward, in both a mechanical and in a reflex chemical way, upon the previous capillary activities that have produced it. And this stasis, in turn, soon tends to smother arterial capillary oxidation, and to make of the oncoming nutriment that is still within the blood current, both a useless and undesirable, and sometimes a dangerous substance. And this is the point that I have been endeavoring to reach. For I believe that the reflex symptoms of this form of stasis would almost perfectly respond to our indications for iris. And, by comparing the two, it is possible that I may be able to suggest more clearly why I believe iris to be primarily active within some portion of thyroid metabolism.

Ordinarily, the capillary blood flow is almost sluggish; and the undulative rush of the arterial current does not reach them. Moreover, many of these capillaries are so small that the blood corpuscles have to be compressed before they can crowd through. The chemistry that takes place within these minute workshops, therefore, must be of a deliberate character; and, under

normal conditions, requires a specific length of time. These little tubes—or in reality organs—are remarkably elastic, and are also possessed of a vital contractility; although they are wholly destitute of muscular fiber. Thus, bear in mind, please, that while they can change their shape and size, yet some other agency than muscular fiber is the causative factor. They are capable of resisting strong reagents. And the chemical processes, which it is their function to promote, would cause severe symptoms if by accident they should take place elsewhere within the blood channels. They are serous membranes. Their function, therefore, as I look at it, is to forward assimilative nutriment upward. They are enabled to do this by permitting it to osmose through their own walls, as the oxidyzing processes that take place within their area liberate this nutriment from its previous imprisonment within the conglomerate elements of the general blood stream. Within these little organs, I believe, functionate the highest cell grade of what I have suggested as the lower or animal system. And it must be kept in mind, as I proceed, that this lower system acts more or less in an independent manner. In fact, its general function continues, to a slight degree, if I am not mistaken, even after death. When oxidation within these little workshops is normal, their diameter is normal. The heat of excessive oxidation, however, as possibly in some forms of sunstroke, or in high fevers, would at first enlarge this capillary diameter; and, at the same time, decrease the size of the red cells. Under these circumstances, therefore, I believe that the blood often rushes through their functional area before the more deliberate oxidizing process has been completed; and the venous capillaries, together with the adjacent venous channels, must become much irritated by the powerful oxidizing chemical reaction, which, thus started, is rushed into them before it can be checked. Moreover, under these circumstances, the veins also receive a portion of the nascent chemistry which, as oxidized nutriment, should have osmosed through the capillary walls. And, being too rich for venous channels, it would be apt to prove a more or less toxic fever-producing and degenerating element while passing through them. As a result, I believe that the general alkalinity of the blood would be reduced; and, in turn, this would soon tend to narrow capillary diameter, and thus lessen general circulation even while irritated heart and arteries were exerting abnormal pressure in an endeavor to get rid of this misplaced chemistry. Under the circumstances, therefore, it seems as if some outlet, or temporary safety-valve, existed that, when required, would short-circuit the physiology of this more or less independent lower system when, for any reason, its ceaseless supply misses functional connection with the higher system, or differentiates. Again, when circulation is normal, and when the thyroid precipitate is weak in catalytic power, thus causing nutrition to crowd back upon capillary function, much of the oncoming nutriment within these capillaries—and the red cell oxygen as well—would lack physiological incentive toward further elaboration. Nevertheless, the red cells must deliver a fair portion of their oxygen, in order to pass into venous channels. And, in so doing, I believe that perforce they partly oxidize at least a portion of this

now useless and surplus nutriment; thus placing it in a half-metabolized condition that unfits it for both venous channels, and for osmosis beyond the capillary walls as well. For this reason it must go in some other direction quickly, or serious trouble is likely to result.

Beside this, only a portion of the red cell oxygen has been chemically combined, in this instance. And this delayed and partial oxygen function, taking place as it must in the arterial capillaries, would tend to dilate this arterial area, and thus retard the flow. The remaining oxygen content of the red cells involved, therefore, would be apt to be forced; for venous channels would reject it as dangerous. And, for this reason, I believe that it would be delivered within the venous capillary area.

The affiliations of the venous capillaries, however, are largely with the more anesthetic chemical relations of carbonic acid gas. Thus, especially when the flow had become so sluggish, there would be no functional incentive, within their venous area, for the further chemical union of this remaining oxygen. For this reason, I believe that it would be delivered within the venous capillaries involved, in a more or less free condition; the primary result of which would be to cause an extreme, local and irritative acidity, which would either convulse or cause a stenosis of the venous areas involved. Thus, a sum total of this smothered oxygen function upon the capillaries, especially if not relieved through the safety valves to be mentioned, would be, I believe, to give them somewhat the shape of a funnel; so that it would take but a medium-sized blood corpuscle, at times, to act, temporarily at least, as a complete stopper at their abnormally narrowed venous end. This is largely theory, of course. But I believe that many a functional and general apoplexy, convulsion, etc., has resulted from a damming back of large areas of capillary flow in this manner, and before the safety valves, to be suggested a little further on, had opened. The capillary condition in an emergency like this, is much like that of a stomach which, governed by a good appetite, loads itself with food that a temporarily weakened higher physiology cannot assimilate. Some of this half-prepared material would undoubtedly leak through into the veins. But by far the greater portion, I believe, would be rejected—or, to use an analogous term, vomited—if these capillaries were in a fairly healthy condition. And, for a long time I have felt that the round dots, or circles, called stomata, that lie at the intersection of the walls of these vasomotor capillary cells, are—either in fact or effect—variable openings, or mouths, provided for the purpose of thus short-circuiting this temporarily useless and dangerous surplus of nutriment. Under reflex irritation I believe that they act as emergency or safety-valves, thus permitting the mechanical escape of some of these dangerous vasomotor substances directly into lymphatic drainage.

Ordinarily, and except in cases of general disease, this would be but a mildly pathologic procedure. For the lymphatics, I believe, have the power to break up this ejected nutriment; both chemically and molecularly. And, whether this simplifying process takes place in the intercellular chinks and crannies, or in the lymphatic capillaries, the material would assuredly soon

come in contact with the vanguard of legions of vigorous young leucocytes, and thus be prevented from becoming a rich and helpless culture medium for bacteria. A danger, however, lies in the liability of this prophylactic process becoming, because of much repetition, an asthenic and degenerating habit; thus tending to form one of those vicious circles that base, especially, chronic pathology. In its acute form it might appear, I believe, in some forms of heat stroke. When this habit does become established, however, and especially in a diathesis where the oxygen function is not intense, this chronic overuse of the lymphatics would tend at least to mechanically dilate and enlarge the lymph glands involved. And a long continuance of this mild pathology would surely result in a sluggishness of such lymphatic function. Thus the resulting symptomatology, it seems to me, would again exactly fit the lymphatic indications for iris. These indications being, you will remember: "Lymphatic glands, and spleen, that are enlarged, yet inclined to be soft and painless under pressure." These indications differ distinctly from the otherwise somewhat similar, but more pathologically based, lymphatic gland indications for phytolacca, arsenic or arsenic iodide.

Again, however, when this habit becomes established in a diathesis where the oxygen function is more intense—as in an adult with a developed system of differentiates—it may be the oxygen itself that causes most of the trouble, even though the patient be anemic. For the lymphatics must dispose of that portion that is chemically combined with the ejected nutriment, together possibly with some of the loose oxygen previously mentioned. And yet, normally, the lymphatics carry practically no oxygen; although they have an abundance of carbonic acid gas, alkalies and carbonates. It seems possible, therefore, that this oxygen may combine, in some manner, within these lymphatic channels, as a useless organic acid; thus lowering the alkalinity of the lymphatics involved, and interfering with their function. In turn, this useless acid would be emptied into the larger veins; from whence, I should judge, it would find still further exit through the great outer excretory organs which deal with terminal acids—notably, perhaps, the upper gastro-intestinal tract, also the skin, kidneys and lungs. And most of the resulting symptomatology would instantly be recognized by Eclectics as plain indications for the exhibition of iris. (And please remember that, theoretically, I am pointing to these symptoms as due, in this instance, to lack of a balanced thyroid function). There would appear probably: "Burning distress in the stomach, as though from an acid liquid. Regurgitation, especially acid. Vomiting of an acid liquid. Water brash, so-called. Dry throat. Sick headache, and other cephalic pains; together with smothering sensations, or functional palpitation of the heart, etc., due to abnormally acid or altered secretions of the upper gastro-intestinal tract—also diarrhea, from the same cause, with burning (acid) pain after passage, and hyperperistalsis. And, on the other hand, we might get constipation, with clay-colored stools; also dropsy, anuria, and fat and pastry indigestion, because of inefficient elimination of bile, and poor pancreatic function, due to the same abnormal upper gastro-intestinal acidity. This altered digestive acidity

might also lead to catarrh of the bile ducts; duodenal catarrh; jaundice; irritable mucous membranes; much or little urine of various qualities; skin that was inactive, dry, rough or greasy; ulcerating and oozing skin diseases, together with eczema, etc., to which might be given many diagnostic names which, therapeutically, would make us but little the wiser. And if syphilis appeared, along with these and the preceding glandular symptoms also, Eclectics would be very sure that iris was one of the remedies indicated as being of direct value to the diathesis.

Iris, however, does not cure secondary lesions, due to this more primary pathology; nor does it neutralize the altered acid secretion to which these primary manifestations are due. But I believe that it does inhibit the previous defective metabolic processes that are the original cause, by directly increasing some portion of the thyroid, and intervening dependent functions —granting, of course, that there is sufficient physiological stamina within the differentiate system to respond.

The dilatation of these vasomotor stomata, however, would vary, both in character and effect, according to idiosyncrasy, diathesis, age and the secondary or contributory cause. In a necessarily limited paper like this, however, I can do little more than to point to what I believe to be the principle itself, and add an example or two in order to make my meaning more plain. Thus differentiate metabolism might be unduly drawn upon in many ways. An over-strenuous attitude toward athletics, for instance, or toward study, ambition, worry, fright, emotional living, psychic endeavor, sudden joy, etc., often induces abnormal metabolism within this higher cell system. The overuse of drugs, stimulants and high living may have a somewhat similar effect, and in addition it would crowd the lower metabolic processes of the lower cell system with a dangerous surplus of nutriment. Above all, however, it is my personal belief that a diathesis tainted with syphilitic heredity is apt, unless they have an exceptionally powerful thyroid heredity, to lack functional stamina in this higher system, even though the individual be both active and capable in many ways. In fact, this taint may even show atavistic tendencies; for I believe that syphilis attacks the very foundation of this higher, or differentiate system. Strain of this character would demand excessive thyroid function for nutritive catalyzing purposes; and thus its function may become suddenly weakened, especially in physiologies that have passed the prime of life, or even with younger people who have a syphilitic heredity. In this manner the two cell systems may become suddenly and partially separated, in as far as the ability of this gland to hold them in nutritive sequence is concerned. Although it must be remembered that there are other ductless glands, the complementary functions of which may, in part, compensate for this temporary thyroid failure, nature seldom relies wholly upon a single factor.

This sudden rupture of the functional relation between the two systems would tend to smother vasomotor capillary processes, in these cases, with a celerity that, under the circumstances, would become the equivalent of an acute toxemia. The large quantity of loose oxygen that I believe is set free

by this capillary plethora and repression would then so suddenly irritate the venous section of these capillaries that, over broad areas, they would be apt to close convulsively. From pure weakness, or perhaps shock, the stomata might unduly dilate at the same instant, and thus not only the blood serum, but all this loose oxygen as well, would suddenly be forced far within the lymph channels. Both heart and arterial force would be back of this pressure, and the not over strong lymphatic walls might easily dilate under the force exerted. The result would be a generalized, irritative lymphatic shock and a weakening of arterial tension because of the escape of these blood constituents. And while apopleptic results might thus be warded off, yet I believe that the loose oxygen that has thus also been forced so quickly and so far within these lymph channels, would tend to coagulate their contents. Complete circulatory stasis would be the result.

Ordinarily, of course, lymph does not coagulate, not even in the corpse. But if it is directly exposed to the air, or, supposedly, to the oxygen of the air, it will both coagulate and often turn red. Further, those who remember the details of my paper, read before the members at the last meeting of the Massachusetts Society, will recall that the patient's blood was deoxygenated before entering the capillaries. For this reason, I presume, it simply forced lymphatic activity and caused the copious watery discharges that undoubtedly saved her life.

On the other hand, however, where, under similar circumstances, stomata remain obstinately closed, we may have conditions that we refer to as apoplexy, supposed heart disease, uremic conditions, etc. And the vicissitudes of the higher man and the long distance—both physiologically and chemically—between his lower and higher cell systems, would make accidents of this character not uncommon among a people of strenuous and defective physiology.

There are, of course, various grades of vasomotor stomata. Some are undoubtedly governed through one system of nerves and others by another, and their response to drug action would be similarly varied. But, in passing, I would like to say that for a long time I have been in the habit of exhibiting aconite for what I believe to be the purpose of closing the vasomotor stomata of the sympathetic system when they are pathologically open. And, to open them when they are pathologically closed I have used veratrum.

There is still another line of symptoms, I believe, that would appear in response to the loose oxygen previously mentioned. Theoretically these symptoms would also be due to lack of thyroid and differentiate balance; and I have often found that iris and adjuvants tend to ameliorate them if the sclerosis has not proceeded too far. Thus, the red cells are the positive cell element of the blood. They belong, I believe, to the lower system, and thus act more or less independently of the higher system. Setting aside exigencies, they deliver oxygen within the arterial capillaries at a certain rate. And, except in conditions of general toxemia, where they would be killed off in masses, it would be a comparatively long period before the rate

of this discharge could be greatly lessened. This oxygen, in its nascent and still more powerful condition of ozone, should, of course, combine with the nutriment that is to osmose to the differentiates. Under all normal conditions, therefore, this powerful and active agent is kept under firm physiological control. But when the thyroid catalytic is lacking, and this oxygen function is smothered in the capillaries, that portion of the physiologically available oxygen that can not be used becomes—because of its loose and uncontrolled condition—a dangerously active and destructive element. In moderate pathology of this character, I should judge that most of it would be released in this loose condition, as before explained, toward the very end of the venous capillaries, and relatively so far beyond the stomata outlets that it would enter venous channels. A condition, somewhat analagous to this, is the fatal result accompanying complete extirpation of the thyroid, more especially in reptiles, young carnivora, monkeys and man, an accompaniment of which is that, in the death that follows, more exygen is found in the veins than in the arteries. Moreover, many of the symptoms that intervene before death in these cases are exaggerated reminders of the pathology that, a little further on, I shall suggest as resulting from this loose oxygen. It would seem, therefore, that, in some diatheses, a sudden or even a gradual strain upon thyroid function, as from protracted mental effort, continued emotion, chronic anger, morbid imagination, or even a lack of balance in this function from any one of many causes, might be followed by both acute and chronic manifestations of this oxygen pathology, especially if, by heredity, the red cell function was inclined to exceed the capacity of the thyroid.

This oxygen, therefore, in its loose condition, would be released as a powerful and unrestrained agent directly within channels and tissues not fitted to deal with it. It would stimulate them so strongly that the irritation would tend to cause a destructive over-activity of the cells, tissues and liquids thus exposed. Thus, grades that were individually or hereditarily fragile would succumb and break down before maturity. In the more acute manifestations of this pathology I believe that some of the coal tars, and especially acetanilid, tend to check, and ultimately to almost destroy, this oxygen function of the red cells; and, because of this, they often ameliorate the immediate symptoms. I must acknowledge, however, that practically I never use them, for there are far better and safer remedies and methods. In periodical or chronic cases, however, the discharge of this loose oxygen, if unchecked, would result, I believe, in various forms of acidoses, or excretory acid pathology, the character of which, together with the symptoms, would vary somewhat from the usually accepted iris indications.

These acidoses are often a family characteristic. And in those of syphilitic taint are apt to be present, in the highest degree, these terminal acid degenerations. Thus we may have gingivitis, acid decay and softening of the teeth, acid saliva, so-called acidoses, polyuria or temporary diabetes, indicanuria, irritation and ultimate destruction of peripheral nerve tendrils or

arborizations, kidney lesions, neurasthenia, the pernicious vomiting of pregnancy, post-operative emesis, insomnia, sound sleep with a weary awakening, many brain irritations and some forms of hemicrania, mild neuritic-like pains of the frontal, occipital, spinal and cystic regions, senility and, I believe, even forms of anteriosclerosis and pretubercular conditions, etc. And I believe that oxygen physiologically uncontrolled, is often responsible for both these and many other phenomena. For, of themselves, these acids are, in many and perhaps all cases, relatively innocuous. Even acetone, the generally accepted cause of fatality in diabetic coma, can be injected into animals with comparatively harmless results. The real pathology, therefore, lies in the incomplete metabolic processes from which they arise. And my endeavor has been to suggest this pathology, together with the functional cause thereof, and to show also how closely much of the symptomatology of thyroid deficiency seems to agree with our indications for iris. In fact, if space and time permitted, I could show this similarity to an even greater extent.

THE SIGNIFICANE OF LEUCORRHEA.

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In the strictest sense leucorrhea is a white discharge from the female genitals. The term is, however, commonly used to designate any vulvar, vaginal or uterine discharge except blood.

It is a symptom of an abnormal condition, and in itself is not a disease. Normally the genital tract supplies only enough secretion to keep itself moist.

Leucorrhea may be colorless, white, yellow, yellowish green, red and brown. It may be thick and ropy, thin and watery or milky in appearance. According to the condition which it indicates, it may be irritating or non-irritating, infectious or non-infectious. The white color is due to epithelial cells, the yellow to pus, the red to fresh blood and the brown to decomposed. The thick, colorless discharge, like white of egg, is secreted exclusively by the goblet cells found between the ramifications of the arbor vitæ in the cervix.

The sources of leucorrhea are the vulva, vagina, cervix and corpus uteri. To determine whether from vagina or cervix, clean out the vagina and tampon. In a few hours remove the tampon. If it is entirely wet the vagina is at fault. If the discharge is from the cervix, only that portion of the tampon lying against it is wet. The secretion from the vulva and vagina is acid in reaction; from the uterus, alkaline. Flat epithelial cells distinguish the fluid of the vulva and vagina; while columnar and ciliated epithelial cells appear in that of the cervix and corpus uteri.

In infants a leucorrheic discharge is occasionally found, which may be due to uncleanliness, irritating urine or worms. In young anemic girls it often occurs in place of and at the time of the menses. A sero-sanguineous

flow is an indication of cervical cyst. In pregnancy leucorrhea is more abundant and curdy, and may be confounded with hydrorrhea gravidarum. At the menopause a discharge often occurs. It is not significant unless irritating, bloody or odorous. In the latter case it strongly suggests cancer.

Leucorrhea may be classified as idiopathic, specific and symptomatic. When idiopathic it is not due to permanent structural lesion. Some of the causes are exposure to cold and dampness, plethora, anemia, any condition which weakens the constitution, as protracted lactation, mental and physical fatigue, excessive emotion, malnutrition, local irritation, such as pregnancy, childbirth or abortion. Idiopathic leucorrhea may cause or may follow in consequence of anemia; it often appears at the climacteric, supplements vicarious menstruation, and may take place instead of lactation.

Specific leucorrhea is a term used to designate the thick, yellowish discharge, caused by infection with the Neisser diplococcus.

Symptomatic leucorrhea includes that caused by local disturbances and any constitutional condition which interferes with a free circulation of the blood, as diseases of the heart and other organs. Some local causes are vulvitis, vaginitis, endometritis, metritis, subinvolution, cysts, lacerated cervix, malpositions, granulations, polypi, fibroids, sarcoma and carcinoma of the uterus.

The symptoms associated with leucorrhea are general weakness, backache, headache, irritable bladder, pruritus, anorexia and menstrual disturbances. As a result of the continued discharge, local changes may take place, as ulcerations, excoriations, granulations and erosion of mucous membranes, caused by the constant, irritating flow.

Many cases of leucorrhea need only appropriate constitutional treatment; others require both constitutional and local.

Leucorrhea is merely an indication of some untoward condition which manifests itself by a discharge from the female genitals. It is almost useless to treat simply the discharge. The rational method of treatment demands that the underlying abnormality be ascertained and treatment directed toward it, as a continued leucorrhea is a drain on the system and predisposes the female organs to worse evils.

CAN TYPHOID FEVER BE ABORTED?

John Fearn, M.D., Oakland, Cal.

This question has been asked and answered, again and again, both in the affirmative and also in the negative. Typhoid fever is a very serious disease. No one who has had experience with it will question that statement for one moment. If it is taken in its incipiency it is comparatively amenable to wise treatment, but, if neglected at the start, it is apt to be a long battle and a close run with death. In this paper I do not propose to dwell on the pathology of the disease, neither would I enter minutely into the treatment, but

I propose to try and answer the question at the head of this paper from experience, and, here let me say, from long study.

I believe that in a large percentage of cases the disease may be aborted, and where it is not aborted it may be wonderfully modified. And this may be accomplished by gently stimulating the emunctory organs of the body.

First, let me call your attention to the intestines where the poison spends its greatest force. Very early in my studies I came to the conclusion that the careful use of laxatives and lavements of the bowels would form a very important part of the treatment of this disease. Years ago stimulating the bowels in typhoid fever was condemned. Some thirty years ago, while discussing the treatment with an Eclectic, I advised the use of laxatives. The doctor condemned this procedure in strong terms. However, I carefully pursued the course and convinced myself of its great value.

By the use of gentle vegetable laxatives and mild saline remedies the bowels are kept clean and cool, and, as far as possible, sweet; no festering and poisonous accumulations are allowed to remain in the bowels, creating gases and discomfort. The lavements given warm, either plain or medicated, help materially on these lines. These lavements may be given high or low, but they must be given with the greatest care so that no irritation shall be created. I purposely refrain from saying what laxatives shall be given or how often the lavements shall be repeated. That must be left entirely to the physician in charge. I contend only for the principle. Suffice it to say, pursuing this course, my treatment was so successful that I wrote articles for the medical press upon this subject. This soon brought to me a letter from a physician in the East. This man was putting up medicine for the treatment of this disease and he seemed to be meeting with much success. He asked me whether I was using his remedies. I replied that while our aims were somewhat similar, I was using my own formulated remedies, as they were specifically indicated. This care of the bowels I believe has been a great cause of the success I have met in the treatment of typhoid.

The next point of attack is the skin, that great envelope that covers the whole body. Let me say my attention was early called to hydrotherapy in the treatment of fevers. Some thirty-four years ago I took care of a case of typhoid, and I determined to get good skin action; I had the bed properly prepared, the patient was placed thereon and covered with small pine boughs; hot-water bottles were placed around him, he was nicely covered, and we soon had good skin action; by suitable means the skin was kept moist; small doses of indicated remedies were given as indicated. The case made such progress that by the end of the second week there was no need for a continuance of treatment. A case of typhoid, next door, was taken down at the same time and treated in the old way, and lingered along week after week. Such have been the results of hydrotherapy with me.

Packs form an important part of my treatment, but never ice-cold baths. I view them as both cruel and dangerous.

The third point of attack is the kidneys. When we consider the work of the kidneys in health and disease we should certainly see the importance of

watching their action in typhoid. It is seldom we need to have recourse to diuretics in this disease, but we shall do well to take account of the output from the kidneys in both solid and liquid contents. It is true there are times when we may be called to lighten the load of the kidneys. This can be done by hydrotherapeutic means, increasing the action of the skin, and thus bringing about vicarious urination. If we give abundance of warm diluent drinks, poisons will be freely thrown off both by skin and kidneys.

I have made no reference to the sulphocarbolates and other intestinal antiseptics, which are often used with such good results, because I feel that if we attend wisely to the emunctories as I have indicated, there will be less use for these otherwise useful adjuncts of a good treatment, and the safe plan is to give no more medicine than is absolutely needed.

In conclusion, what are the signs of betterment following this treatment over that of the old treatment? Lowered temperature; less bloating; less insomnia and nervousness; less tendency to hemorrhage; almost entire absence of sordes and cracks on lips and teeth; and lastly, an earlier ability to take food and digest it, consequently an earlier and better convalescence.

By this plan I say typhoid fever can either be aborted or wonderfully modified.

LYMAN WATKINS, M.D.—1854-1912.

Harvey Wickes Felter, M.D., Cincinnati, O.

Lyman Watkins was born May 1, 1854, at Blanchester, Clinton County, O., and died at Seton Hospital, Cincinnati, O., Sunday, January 21, 1912, of diabetes and complications. His father was Dr. Jonas Watkins; his mother, Anna (Hocket) Watkins. Dr. Jonas Watkins received his medical education at the Starling Medical College, Columbus, O., but soon after graduation became a convert to Eclecticism and became one of the pioneers in that movement. The ancestral record of Dr. Lyman Watkins shows a large proportion of doctors.

Dr. Lyman Watkins was schooled in the public and high school of his native village. He early learned and followed the vocation of telegraphy. In 1874 he entered the Ohio Wesleyan University at Delaware, O. From that institution he came directly to the Eclectic Medical Institute, graduating in the spring of 1877. Upon graduation he entered into practice with his father in Blanchester. In 1888 he was elected secretary of the Ohio State Eclectic Medical Association, and the following year was made president of that body. At the same period he served successively as secretary and vice-president of the Cincinnati Eclectic Medical Society. In 1890 he entered the Faculty of his alma mater, being selected to teach histology and microscopy. The following year he was promoted to the chair of physiology, and in 1898 was made professor of pathology, as well as physiology. For about ten years of his early connection with the college he practiced in Cincinnati, but he subsequently returned to Blanchester, where he held an extensive practice, both as practitioner and general consultant. To the end of the year 1911,

when he became ill, he acceptably filled his chair regularly—that of pathology and physiology—in the Eclectic Medical College. In 1895 Dr. Watkins produced "A Compend of the Practice of Medicine," a compact and exceedingly useful manual that will outlive many more pretentious works. In civil and community life Dr. Watkins has held very important positions of trust. In religious affiliation he was a Universalist; in fraternal circles a Knight of Pythias and a 32° Mason. He was also a valued member of the National Eclectic Medical Association, and was justly accounted a leader in that body. Dr. Watkins frequently attended medical societies in various parts of the country in the interest of Eclecticism. His addresses and counsel always carried weight and good missionary work resulted. On April 7, 1877, Dr. Watkins was united in marriage with Lida Baldwin. Three children were born to them—Anna C. (deceased), Baldwin, and Raymond. The last graduated from the Eclectic Medical College in the class of 1911.

Dr. Watkins was a companionable man, and was alike popular with students and doctors. He was of medium height, had gray hair and eyes, an erect carriage, and a countenance showing contentment and optimism. His happy disposition, especially in teaching, made his work unusually fruitful, and in medical convocations his humorous handling of topics gave decided pleasure to his fellow-members. He was quick at debate, always sound, and most generally carried his point by both philosophical reasoning and humorous delivery. He had a marvelously retentive memory, being able to recite pages verbatim upon a single reading. As a teacher he was thorough and exacting. His society papers were far above the average, and his contributions to journals, usually short, were models of direct thought in well-chosen words, and often elegant. Men past the meridian of life are usually wedded to the past, but Dr. Watkins was an exception, for while giving a true value to what had been wrought in departed years, especially in Eclecticism, he was decidedly progressive. He was quick to see values and was not easily misled by the onrush of the new and novel, but weighing calmly and judiciously he kept abreast of the best in medical progress. Such a discriminating progressiveness made him a valued teacher and a force in Eclecticism.

Origin of Cataract.

Dr. M. D. Handmann (*Klin. Monatsbl. f. Augenhlk.*, December, 1909, p. 692) has been impressed by the common experience that senile cataract, in a vast majority of cases, begins in the lower nasal quadrant of the lens. As a result of examination of more than one thousand cases of incipient cataract, he concludes that this results from disturbance of nutrition affecting the lower half of the lens more than the upper. He thinks that pathological products by gravity tend to come in contact with the lower half of the lens, which is withal much more exposed to the direct rays of light, whether natural or artificial, than the upper.—*Post-Graduate.*

The National Eclectic Medical Association
QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
FOREST, HARDIN COUNTY, OHIO.

Advisory Board..... { J. K. SCUDDER, M.D., Chairman. E. J. FARNUM, M.D.
O. C. WELBOURN, M.D. W. N. RAMEY, M.D.

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VOL. III. CINCINNATI, O., MARCH, 1912. No. 3.

PLEASE BE PROMPT.

I would call the attention of our members to the very important matter of correspondence. One of the most annoying things the officers have to contend with is the delay of members in answering important communications. I wish I could prevail upon every one to answer at once all communications received. It would make the work of all officers less difficult.

Let me urge upon you the importance of the section work and the trying duties of the section officers in their endeavor to secure the necessary papers for the meeting.

Will you not make it the rule, without an exception, to answer all communications from these officers just as soon as you receive a request for a paper? There is no doubt that all of you have written important communications and have awaited with impatience the never-coming reply. This is not right. In the first place it is a discourtesy to the correspondent, and, secondly, it shows an attitude neglectful of your own duty to the society. Again, will you not answer all communications with reference to Association work which come to your desk, and do it promptly? If you could realize how much one appreciates a prompt answer you would not fail to act so.

Kindly remember that the success of the Association does not and cannot depend solely upon the officers. It depends upon the willing activity of every member.

The section officers are given in this number. They will solicit papers, but it will be impossible for them to write every member of the Association asking them to write a paper. There are, no doubt, many who are willing and able to write good papers who may not be asked. Now, I would suggest that you invite yourself to do so. Select your subject in any section you wish and send the title to any of the officers of that section. By this means you can aid the officers greatly in making each section a success. The sectional success depends upon all; all should do their best to insure such success.

STEPHENS.

ORGANIZATION.

The time is rapidly approaching when we shall meet in Washington, D. C. There is much to be accomplished toward the perfection of the arrangements and we sincerely trust that the committees and section officers will have all their plans perfected in time to be published in the June issue.

It seems but yesterday since we met in Louisville, Ky. The past year has brought with it its cares and sorrows as well as its pleasures, and we look forward to our coming meeting with high anticipations.

We have been amiss in our organization and Eclectics in the past have failed to comprehend its need and usefulness. Can we now right the wrong? Only partially.

Why do we need organization? Self-protection and perpetuation. I know that many of our men are so self-satisfied that they do not comprehend the need of these organizations or of their individual interest in them. We need the assistance of every Eclectic physician in the United States. Medical politics is still brewing. State boards of health and examinations are making exactions by rulings more rigorous. New laws are being enacted, and the entire trend is toward "State medicine."

Do you want it? I am sure I cannot answer for you, but it will come, unless there is a more concerted action in opposition.

The demands upon the medical student excel that of any profession and are being constantly elevated. Yet it is the poorest paid, save only the clergy.

So we call upon you in all earnestness to ally yourselves with us and be one of us. What we need more than any thing else is "Loyalty to our principles," "loyalty to our schools," "loyalty to that which has made for you success in life." Personally, I am not one who believes that our mission is ended. Fads and fancies are too prolific in medicine. M.

THE OWEN BILL.

The *Journal of the American Medical Association* seems to take an especial pleasure in belittling the reputation of those who in any way or manner oppose the National Department of Health. They not only resort to the cartoon, but hunt up their past record, and any departure or lapse from the straight and narrow way is gleefully held up for inspection.

This may be right. It is said that all is fair in war; but, "there should be some honor, e'en among thieves." If our friends (?) were themselves without blemish there could be some excuse for such tactics, but, if the writers in the independent journals during the past year are truthful, the record of the editor of the above named journal is as black as any he depicted in a recent number of the *Journal*.

There can be no enemy as bad as a traitor and traitors resort to the most vicious methods of warfare. The editorial referred to is absolutely inexcusable, and the methods of the *Journal* are despicable. It savors too much of yellow journalism. Men can honestly differ in their opinions and men

may oppose the Department of Health from various reasons. Because they do, they are not necessarily dishonest or mercenary. Possibly many asking for it are doing so from a mercenary standpoint. I am positive they are. I am loath to believe they are so spiritually minded as to have solely the welfare of the "Dear People" at heart.

Their actions and methods savor too much of the demagogue. It would appear better for one to clean their own yard before holding up to view their neighbor's. There is plenty in this life for us all to do without blackening the character of others. I would commend to the editor that he memorize the following: "And why beholdest thou the mote that is in thy brother's eye, but considerest not the beam that is in thine own eye?" M.

POLY-PHARMACY.

Some weeks ago a writer in the *Journal A. M. A.* gleefully referred to a prescription written by an Eclectic. Professor Lloyd, in the *Eclectic Medical Journal,* eclipsed it by giving the formula of Basham's mixture. I append a prescription, clipped from one of their journals, recommended in "pneumonitis," that is a wonder:

"℞. Sodium salicylate, 5 grains;
Acetanilid, 1 grain;
Quinine sulfate, ½ to 1 grain;
Tincture of digitalis (U. S. P., 1890), 2 minims;
Tincture of aconite root (U. S. P., 1890), ¼ minim;
Calomel, 1-20 grain;
Fluid extract of ipecacuanha, 1-20 grain;
Strychnine sulfate, 1-200 grain;
Menthol, 1-50 grain;
Methyl salicylate, 1-50 grain;
Musk, 1-200 grain.

"M. et ft. tabella No. j.

"Sig.: One or two such tablets should be given every two hours, commencing two or three hours after the initial purgative has been taken; these doses rarely need to be increased or diminished. In cases occurring in very robust individuals three tablets may with advantage be given for a short while."

We refrain from comment. It speaks for itself. M.

"THE MOTE AND THE BEAM."

"Scarcely a day passes but we receive one or more letters from physicians enclosing some 'patent-medicine' advertisements taken from local newspapers and protesting against the disgusting prostitution of the daily press to the 'patent-medicine' interests. Such letters are vibrant with indignation and filled with anathemas against the venality and sordidness of the American newspaper. While we fully agree with our correspondents' point of view, we are unable, in a majority of cases, to work ourselves into the same fine frenzy they exhibit. We know that, in too many instances, the writers of such letters are subscribing for, contributing to and in other ways lending their financial and moral influence toward the up-keep of medical journals

whose advertising pages reek with frauds just as vicious as those that appear in the yellowest of yellow journals. Physicians who would no more think of violating the ethics of their profession than they would of breaking the law of the land, are supporting medical journals whose only interest in the profession is the money their owners can make out of it. The whole policy of such journals is dictated from the 'business office.' If medical ethics and advertising contracts clash, so much the worse for ethics. Such publications are *particeps criminis* with those that humbug the profession, and through the profession the public, and their editors salve their consciences with the advertising receipts. Just as long as journals of this kind are subscribed for or contributed to by reputable medical men, just so long will the proprietary evil flourish. The influence of the medical profession on the attitude of newspapers toward medical frauds will continue to be a negligible quantity just so long as the business managers of newspapers can retort that the medical profession itself is standing sponsor for just as big a 'bunco game' as any newspaper that ever advertised Peruna or Lydia Pinkham! It is a fact, and one that should make every self-respecting physician blush, that the better class of lay magazines are more particular about the acceptance of advertisements than are the majority of medical journals supported by the profession. And the fault lies with the individual physician! The remedy is evident and as simple as evident: Physicians should not tolerate the presence of such publications in their offices."

The above, clipped from the *Journal A. M. A.*, November 18, 1911, ought to fill a man with disgust and make him feel like saying harsh things. The medical profession is responsible for the conditions complained of and the therapeutic nihilism existing at present will only increase the difficulty Personally, we cannot see why an article patented in Germany is in any way superior to that copyrighted in the United States. The German synthetics, we are informed, are patented. In America only the name is copyrighted Anyone can make the article provided he does not use the copyrighted name.

In the *Journal,* from which the above is clipped, I note the following: "Hormonal, for constipation of long standing, intestinal atony and paresis;" "Adalin, a safe nervine;" "Ferro-Sajodin for scrofula, glandular swellings, congenital syphilis;" "Helmital for cystitis, prostatitis, urethritis, pyelitis, etc., the efficient and safe urinary antiseptic;" "Aceta theoin sodium for dropsies, especially in cardiac affections and the milder forms of Bright's disease." There are others mentioned as "ovoferrin," "uriform," "regulin," etc. The articles thus named are sampled to the physician and literature forwarded in which their virtues are extolled by physicians presumed to be in good standing, thus fulfilling all the objections raised by our friends (?) to articles upon which they place the ban of disapproval. Does it make a difference whether it is a synthetic or of plant origin?

The tactics and actions of the *Journal,* we presume, are dictated by the editor. Many of them must certainly chagrin professional men who have always been ethical and clean in their career. It reminds me of the "reformed drunkard and gambler" telling clean men how to live and boasting of the number of wild oats he has sown, or of the "evangelist," who has spent his best and most useful years in riotous living. To clean, well-thinking men these things are certainly disgusting and fill one with resentment.

A little charity on the part of the editor might be commendable, especially so since he seems to have run the entire gamut of quackery himself. Charity, however, in the "reformed" and "self-righteous" is an "unknown quantity." but he ought to permit others to reform or rather extend to others the same privileges which he claims for himself. His conduct toward what they please to call "unaccepted preparations" savors too much of the "prayer of the Pharisee." If he were without blemish himself we could have more patience with his constant reflections upon men and their motives. M.

BIRTH REPORTS.

"Physicians of Indiana are receiving notices calling attention to a new requirement on the part of the State Board of Health for the reporting of all cases of tuberculosis and to the new law which requires physicians to report births within a period of three days or forfeit their fees if the parents are disposed to contest the payment. Births must be reported to the health officer having jurisdiction within thirty-six hours after such birth occurs. The questions regarding precautions taken against ophthalmia neonatorum must be answered either yes or no. In addition to a fine of from ten to fifty dollars being imposed for violation of either of these provisions, Section 1 closes as follows: 'All bills or charges for professional services rendered at a birth shall be unlawful if a report is not made as herein commanded.'"

The clipping above attracted my attention by reason of the strange penalty attached for failure to report. The more I thought of it, the more convinced I became that it was illegal and could not be enforced, hence my inquiry and the appended reply. The same criticism is true of many rulings by the boards of health, but no one desires to interfere with them, provided they do not interfere too seriously with the people's convenience, hence they endure these restrictions. Just at present the State Registrar of Ohio is endeavoring to construe a recent ruling of the Supreme Court to suit his purpose. It would seem on the face of it that a "report" is a "report," the difference between them being their length and the number of unnecessary questions to be replied to.

I am not personally opposed to the collection of vital statistics and am only too glad to respond to the State's request. I am, however, opposed to the pernicious activity and absurd rulings of some health officials. There is danger that this activity will lead to such irksome rulings and restrictions that the people's rights are so infringed upon that they will rebel and the good already accomplished both by health boards and examination boards will be undone. Pernicious activity may lead to dismissal. M.

* * *

FINDLAY, O., November 13, 1911.

W. N. MUNDY, M.D., Forest, O.:

Dear Doctor—I have your inquiry of the 10th inst., regarding the rule of the State Board of Health of Indiana, which you say provides, among other things, that a physician shall report all births within a period of thirty-six hours after the same occurs, and, in addition to a fine, provides that "all bills or charges for professional services rendered at a birth shall be unlawful, if a report is not made as herein commanded."

While I have not before me the statutes of the State of Indiana under which the board of health is organized, and by which its powers and duties are defined, I have no hesitancy in saying that it could not enforce such a rule by such methods.

Boards of health are organized primarily for the purpose of protecting the health of the people of the State or community, and in such matters they are given a wide latitude; but this regulation has more to do with preserving the vital statistics, in which their powers are somewhat more restricted.

Again, the method of punishment, that of rendering illegal all charges for professional services in case the physician does not report a birth within thirty-six hours after it occurs, is plainly taking private property without due process of law; that is to say, it takes the fee of the physician and turns it, not into the coffers of the State as a fine, but over to the parent of the child, who has not been offended against to any greater extent than any other member of society, and relieves him from the payment of his just debt, upon the theory that the creditor has committed a crime. I know of no principle of law which would sanction any such method of punishment or which would warrant any such method of impairing the obligation of contract.

I have no doubt of the power of the board of health, under proper authority from the legislature, to require such a report to be made, and to punish the neglect or refusal by fine, or, possibly, imprisonment; but it certainly has no power to declare a forfeiture of fees as a method of enforcing its rules.

I am, yours very truly,

BEECHER W. WALTERMIRE, *Attorney-at-Law.*

TURBULENT DEMONSTRATIONS AGAINST INADEQUATE INSTITUTES.

"The Anatomical Institute of Vienna was erected some twenty-five years ago in a street which at that time was in the suburbs; the building itself was estimated to accommodate some 200 students. During the last twenty-five years, however, the number of medical students has increased in such a degree, and the popularity of the professors of the institution has been so marked, that the lectures are exceptionally crowded, and the building is insufficient for the accommodation of the large number of students eager to gain the fundamental knowledge of our art. In the dissecting-room only 200 chairs are available, while more than 500 students are at work at the same time and not all of these can find place at the dissecting tables. Even the facilities for washing the hands are on a scale which would hardly have been accepted a quarter of a century ago. Ventilation is very bad, for, owing to the rapid development of the suburb, the building is now surrounded by other buildings, and the windows cannot be opened whenever it would be required. Therefore the indignation of the students and the teaching staff of the university was strong when, a few years ago, a demand for improvement of the conditions was frustrated by the government for lack of means. This year, at the opening of the winter term, the students at once started a turbulent demonstration, and assuring the professor, Dr. Tandler, that the riot was not directed against him, began to disturb the lectures to cause a 'strike.' The professor sympathized with the students, went with them to the rector of the university, and a deputation was sent to the minister of education in order to demand the funds necessary for the removal of the worst grievances. They were granted money for a sufficient number of chairs, tables, washing apparatus and wardrobes for the cloak-rooms. The chief source of discontent, however, is the site of the institution itself and this cannot be changed at present."—*Journal A. M. A.*

Vienna needs a "Council on Medical Education," to limit the number of students, prescribe the number of tables and chairs, size of buildings and number of windows, and classify the college as regards its equipment, then such a condition as described above could hardly exist. Yet, we must not criticise educational conditions in Europe; they are perfect, and we should pattern after them; so say some of our American educators. M.

PRELIMINARY ANNOUNCEMENT OF THE COMMITTEE OF ARRANGEMENTS FOR THE NATIONAL MEETING AT WASHINGTON, D. C., JUNE, 1912.

The Committee on Arrangements for the meeting of the National Eclectic Medical Association, to be held at Washington, D. C., June 18-21, 1912, beg to make the following announcement concerning that gathering:

The committee visited Washington personally, and after looking over the various hotels that could offer suitable accommodations for the holding of our convention, decided to select as headquarters the Arlington.

The situation of this hotel is ideal for our purpose, being sufficiently removed from the business portion of the city to secure us the quiet which is so desirable in promoting a successful gathering, and yet at the same time so near the center as to be within easy walking distance of many important places of interest.

The Arlington, situated at the corner of H Street and Vermont Avenue, faces Lafayette Square, which may well be termed the most historic square in the capital of our country. Around this plot of ground have been built homes wherein have dwelt those who have been most conspicuous in the political life of the national capital. Among those who have lived in the houses which surrounds three sides of this spot may be named Daniel Webster, Henry Clay, Martin Van Buren, Lord Ashburton, Sir Bulwer Lytton, Judge Bancroft Davis, Schuyler Colfax, James G. Blaine and many others. On the fourth side of the square, on Pennsylvania Avenue, are the presidential grounds and the White House, on either side of which are the buildings for the Treasury Department and for the State, War and Navy Departments.

The Arlington is conducted on both the American and European plans, and the following rates have been secured for those in attendance during the convention week:

EUROPEAN PLAN.

Single rooms, $2 per day.
Single rooms with bath, $3 per day.
Double rooms (two persons), $3 and $4 per day.
Double rooms with bath (two persons), $4 to $5 per day.

AMERICAN PLAN.

Add $2 per day to each person on above rates.

From scanning the above it will be noted that two persons occupying the same room may be accommodated on the European plan from $1.50 to $2.50 per day each, and on the American plan from $3.50 to $4.50 each per day, according to the rooms they occupy. The comfort and convenience of those

who attend will be much enhanced if they will make a point of writing to the hotel and engaging the rooms that they desire for this meeting.

All meetings of the convention will be held in the hotel, and when we state that the accommodations for these are fully equal, if not superior, to those enjoyed in Boston at the Vendome in 1910, we are sure that those who were present on that occasion will have no fears concerning their satisfactory nature.

Fully developed plans for reaching Washington, what is to be done in the hours devoted to recreation, and matters of other importance to those attending, will be published in the June QUARTERLY.

May the Committee urge upon every recipient of the QUARTERLY the importance of making arrangements so that they can attend this gathering, familiarize themselves with the capital of their country, and at the same time make an aggressive movement in behalf of Eclectic medicine?

PITTS EDWIN HOWES, M.D.,
JOHN K. SCUDDER, M.D.,
GEO. W. THOMPSON, M.D.,
Committee on Arrangements.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, WASHINGTON, D. C., JUNE 18, 1912.

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Secretary.....G. O. Hulick, 1412 St. Louis Ave., E. St. Louis, Ill.

Gynecology.

Chairman.....M. M. Hamlin, 5003 Page Ave., St. Louis, Mo.
Vice-Chairman.....B. E. Dawson, 3220 Oak St., Kansas City, Mo.
Secretary.....H. S. Lowrance, Chebanse, Ill.

Pediatrics.

Chairman.....J. F. Wuist, Fifth and Garfield Sts., Dayton, O.
Vice-Chairman.....W. S. Turner, Newark, O.
Secretary.....Florence T. Truax, Atlanta, Ga.

Ophthalmology and Otology.

Chairman.....J. P. Harbert, Bellefontaine, O.
Vice-Chairman.....R. C. Heflebower, 22 W. Seventh Ave., Cincinnati, O.
Secretary.....C. S. Amidon, Mechanicsburg, O.

Physiology, Pathology and Bacteriology.

Chairman.....L. H. Warner, 217 Jefferson Ave., Brooklyn, N. Y.
Vice-Chairman.....J. P. Dice, Xenia, O.
Secretary.....C. E. Laws, Ft. Smith, Ark.

NOTES.

The sixth annual meeting of the Ohio State Medical Teachers' Association was held in Columbus, December 26. H. Kennon Dunham, of Cincinnati, president, read a very interesting address. The other papers submitted were: "Autopsies as an Aid in the Teaching of Special Pathology," by W. E. Moseley, of Toledo; "The Relation of Physiology to Clinical Medicine," by R. J. Hoskins, of Columbus; "Some Principles of Organization to Secure Practical Results in Anatomical Teaching," by Henry K. Knower, of Cincinnati; "Sectarians in Public Hospitals," by John K. Scudder, of Cincinnati; "The Relation of Medical Colleges towards Each Other and Medical Education in General," by W. J. Means, of Columbus.

The newly elected officers are: President, John K. Scudder, Cincinnati; vice-president, Lester E. Siemon, Cleveland; secretary, V. A. Dodd, Columbus; treasurer, C. W. McGavran, Columbus. These, with the following,

constitute the executive committee: W. E. Moseley, Toledo; Kennon Dunham, Cincinnati; W. E. Waite, Cleveland.

An effort will be made to secure the co-operatoin of the various colleges of the Ohio College Association in the establishment of pre-medical courses for medical students. The next meeting will be held at Columbus during the Easter vacation week.

California.

Dr. W. F. Holman has removed from Indiana to Los Angeles.

Dr. E. L. Johnson has removed from Minneapolis to 1009 W. 21st St., Los Angeles.

Dr. M. E. Eastman recently removed from Santa Barbara to Alturas.

Dr. L. B. Weatherbee has changed his address from Forest Hill to 255 Shater Ave., Oakland.

The regular meeting of the Los Angeles County Eclectic Medical Society was held November 7. The essay of the evening was "Carcinoma of the Ascending Colon," by Dr. O. C. Welbourn.

Dr. L. A. Perce is reported quite ill.

Dr. H. T. Webster, of Oakland, has been on a tour of the Orient, visiting Egypt, the Holy Land, Turkey and Italy. He anticipated reaching home during February.

H. C. Smith has removed from Sunnyside, Neb., to 701 Temple St., Los Angeles.

Dr. R. Munda Sinclair has removed from 2871 Octavia St. to 3018 Webster St., San Francisco.

Dr. H. T. Webster's new address is 2826 Myrtle St., Oakland.

Georgia.

The Eclectics of Atlanta have organized a City Society with an initial membership of twenty-two.

The Georgia College of Eclectic Medicine and Surgery and the Hospital College have combined. This is a wise move, and the combined college has a wide field for work and we wish it success.

Beverly W. Yawn is located at Macon.

Illinois.

H. E. Price has removed from Maroa to the Ferguson Bldg., Springfield.

The governor of Illinois has confirmed the report that he is to reorganize the State Board of Health. The terms of four members of the board, Drs. Webster, Wessel, Richings and Schuessler, having expired, the governor will fill the positions with new men. He is not yet ready to announce the names of the new men, but he hopes they will be satisfactory to the medical profession of the State, and that internecine warfare in the profession will cease.

Indiana.

The Northeastern Indiana Eclectic Medical Association met in Fort Wayne, November 22. Dr. E. B. Shewman, of Cincinnati, was the guest of the Society. The session concluded with a banquet at Baltes' Hotel in the evening.

Dr. C. W. Pagel has removed from Illinois to Greensburg.

Dr. W. B. Church has removed from Cincinnati to Gary, Ind., and is located at Fifth Avenue and Ambridge Street.

Iowa.

Dr. James Miller has removed from Chardon to Conway.

Students who come up for the Iowa State medical examination in four years and thereafter must show that they have had a four-year high school course and also two years in the liberal arts department of some college or university before they will be even permitted to take the examination. This ruling of the State Board of Medical Examiners was announced December 11 by the secretary of the State Board of Health, in a letter to Secretary Egan, of the Illinois Board of Health. The report of the special committee of the examining board which made an investigation of the medical schools of Chicago will show that the graduates of but one medical school in that city will be eligible to take the medical examination in Iowa under the ruling made by the medical examiners with reference to college work outside of the medical school.

Dr. George F. Severs, of Centreville, has been appointed to succeed Dr. A. C. Moerke on the Board of Health and Board of Medical Examiners.

Kansas.

Dr. Charles Protzman has located at Harbine.

Kentucky.

Kentucky has arranged for reciprocity without further examination with Ohio, both boards reserving the right to reject any applicants who fail to comply with their entrance requirements at the time of graduation.

The eastern division of the Eclectic Medical Association of Kentucky held its semi-annual meeting at Ashland December 20. Officers-elect: President, J. M. Wells, Vanceburg; secretary, M. W. Meadows, Fullerton. Next meeting, Ashland, October 22, 1912.

Dr. G. T. Fuller, of Mayfield, Ky., who for twelve years represented the Eclectics on the Kentucky State Board of Health, until two years ago, when he was succeeded by Dr. J. C. Mitchell, a Republican, of Louisville, has been reappointed by Governor McCreary.

The Central Kentucky Eclectic Medical Association held its annual meeting at Richmond, November, 1911.

Missouri.

Dr. John A. Welch has removed from Canter to 302½ Broadway, Hannibal.

Dr. C. B. Dean has removed from Belton to Raymore.

Dr. B. J. Wiesner was elected president of the St. Louis Eclectic Medical Society at the annual meeting, December 19. Other officers elected are: E. R. Waterhouse, vice-president; Joseph Gill, treasurer; William G. Wood, secretary. Arrangements were made for the entertainment of visitors and delegates to the annual meeting in the Marquette Hotel, in May,

of the Missouri State Eclectic Medical Society. A committee to be appointed later by President Wiesner will perfect arrangements.

H. G. Schaumloffel has removed from Wichita, Kan., to 1225 Michigan Ave., Kansas City, Mo.

Nebraska.

Dr. Williams is chief of the Lincoln Asylum.

Dr. Gray has removed to Salt Lake City.

Dr. W. T. Dugan has removed to Campbell.

J. L. Ayers, M.D., is located at Sargent, and Dr. Fred Carr has removed from Ravenna to Brady.

Now that the test case to determine the validity of the law appropriating $100,000 for the erection of buildings in Omaha for the medical department of the State University has been decided favorably to the law, it is possible that the erection of the buildings contemplated by the law will be put under way as early as possible by the Board of University Regents. Nothing has been done up to the present time by the board in the way of plans for construction, because of the test case anticipated and later instituted, but there has been a general feeling among the regents that no time should be lost when it would be found possible to proceed. The full four-year course is being taught in Omaha, as contemplated by the law, however, instead of the first two years in Lincoln and the last two in Omaha, as has been the custom for the past twelve years.

New York.

Dr. P. Marlow has removed to 1554 Minford Place, and Dr. Charles B. Graf has removed to 57 St. Marks Place.

The president of the New York State Society, Dr. T. D. Adlerman, has offered a prize of $50 for the best essay on any subject in Eclectic medicine presented to the society at its next meeting.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held in the College parlors Thursday evening, September 21. The esay for the evening was "Acute Anterior Poliomyelitis," by T. D. Adlerman.

The New York Specific Medication Club met at the College December 14, 1911. The essayist for the evening was Dr. Cecil L. Greil, subject, "Menstrual Derangements of Adolescents."

Dr. H. Harris has opened a branch office at 565 W. 139th St.

The annual meeting of the New York Specific Medication Club was held in the College parlors, Thursday evening, November 9. The election of officers for the ensuing year resulted as follows: President, M. B. Pearlstein; secretary-treasurer, John Birkenhauer.

Robt. A. Kunitzer, M.D., visiting physician at the Sydenham Hospital, has accepted the chair of clinical medicine in the Eclectic Medical College of the City of New York.

The Eclectic Medical Society of the City and County of New York met in the auditorium of the college, Thursday evening, December 21. The annual reports were read and the following officers elected: President, Dr.

H. Harris; vice-president, G. W. Schaefer; recording secretary, M. B. McDermott; Financial Secretary, George J. Olsson; treasurer, Dr. F. Green.

New Jersey.

Dr. J. V. Conover has been re-elected vice-president of the First National Bank.

Ohio.

L. W. Trisler has removed from New Vienna to 73 Hoffman Avenue, Dayton.

Dr. Harry Behymer has been appointed district physician at Mt. Washington, which was formerly a suburb, but now a part of Cincinnati. He is the first Eclectic to secure an appointment to one of these positions from the new administration.

Dr. Eben B. Shewman, who is now located at 700 Robertson Building, Cincinnati, has been reappointed assistant surgeon of the Big Four Railroad at Cincinnati.

Dr. Harry Behymer, of Mt. Washington, suffered the loss of his office by fire, January 13. It is claimed the home was saved only by the greatest difficulty.

R. W. DeCrow has removed from Newark to Magnetic Springs.

Twenty applicants were examined by the State Board in the December meeting. Three failed. Two Osteopaths passed. Twenty midwives passed, fourteen failed. Nine certificates were granted on reciprocity, after examination, and one postponed. There were three granted without examination, two rejected.

The faculty of the Eclectic Medical College tendered a reception to its students on the evening of November 3, at the Business Men's Club. A brilliant assemblage marked the occasion, making it quite a social event.

The Eclectic Medical College has arranged a special course of evening lectures, illustrated with stereopticon views, on alternate Friday evenings, at 8 P.M., in the college auditorium, 630 West Sixth Street. (1) January 19, Otto Juettner, M.D., "Cincinnati, the Cradle of Western Medicine;" (2) February 2, Charles T. Souther, M.D., "Hernia;" (3) February 16, A. O. Zwick, "Ehrlich-Hata '606': A Review of the Principles Which Led to Its Discovery;" (4) March 1, John Uri Lloyd, "Foreign Travels;" (5) March 15, F. H. McMechan, M.D., "Modern Methods in Anesthesia;" (6) March 29, F. B. Grosvenor, M.D., "The Neoplasm;" (7) April 5, B. Merrill Ricketts, M.D., "Heart and Lung Surgery and Intra-Tracheal Insufflation;" (8) April 19, M. L. Heidingsfeld, M.D., "Clinical Diagnosis and Treatment of Syphilis with Salvarsan."

PROF. JOHN URI LLOYD.—On the occasion of a German "*Kommers,*" to celebrate the sixtieth anniversary of the founding of the Deutsche Apotheker Verein, at New York recently, a signal honor was bestowed upon two celebrated American pharmacists, one of whom is a Cincinnatian, Prof. John Uri Lloyd. The New York German Apothecaries' Society, as the only living charter member, Mr. Gustav Ramsperger, said at the recent anniversary celebration, was organized to further the interests of legitimate

pharmacy; and as at that time the best pharmacists were men of solid scientific attainments who had left Prussia and other German States after the 1848 revolution, it was decided to confine the membership to Germans and to those of German extraction. During sixty years this society has had a marked influence on the development of pharmacy, and its assistance in shaping the United States Pharmacopeia and the National Formulary is something which every medical man and pharmacist in the country remembers with gratitude. At the recent "Kommers," in celebration of the sixtieth anniversary, the society decided to change its rigid rule in confining its membership to Germans, and for the first time in its history conferred the distinction of honorary membership on two Americans who have added lustre to scientific and legitimate pharmacy—Professor Remington, the chairman of the committee on revision of the United States Pharmacopeia, and dean of the Philadelphia College of Pharmacy, and Prof. John Uri Lloyd, of Cincinnati, author, chemist and pharmacist, whose authority to speak on pharmacy and chemistry is acknowledged throughout the world. Both these men had risen from the position of apprentice in a drug store to high places in the science of pharmacy. Both gentlemen were invited to be present on the festal occasion, but had no intimation that they had been selected for special distinction. Professor Lloyd, though he has won enduring fame in literature, and has held office in many scientific societies, values the honor recently conferred on him by the New York German Apothecaries' Society more highly than anything his fellow-citizens have thus far given him in recognition of his labors. This journal congratulates him on the signal recognition of his merits by the oldest pharmaceutical society in this country.—*Lancet-Clinic.*

Ohio will be the first State of the Union to break down the "icy barrier of the great taboo," and to engage in a comprehensive plan for teaching sex hygiene in the public schools. Discussion of the Buckeye State scheme for the enlightenment of its youth largely occupied the attention of the delegates to the recent meeting of the International Purity Federation at Columbus. Practically every State of the Union and Province of Canada was represented in the convention, and the delegates returned home prepared to push the Ohio plan in their own States. The Ohio State Board of Health has drafted a bill providing for the education of the young in matters of sex, and this will be introduced at the coming session of the legislature. This is the most radical step in the direction of social hygiene ever taken by the officials of any State, and is the initial effort to make practical a theory that is becoming nationally accepted as being of paramount importance to the nation from the viewpoints of health and morals.

At the meeting of the Dayton Medical Society Friday evening, Dr. C. O. Bayless read a paper on "Anesthesia," which was freely discussed. Dr. A. W. Hobbey, of Sidney, district organizer of the second district, gave a talk on "Organization," and Dr. J. B. Barker, of Piqua, gave a talk on "Modern Therapeutics." Both were made honorary members of the society. The balance of the evening was devoted to the election of officers. Those elected

were: President, J. F. Wuist; vice-president, E. E. Bechtel; secretary-treasurer, F. T. Newcomer; directors, Drs. McCally, Smith and Swisher.

Oklahoma.

Dr. R. R. Anderson, of Buffalo, is superintendent of health for Harper County, also a member of the Board of Insanity. The doctor was formerly a citizen of Ohio, but he prefers the West.

Pennsylvania.

The members of Pennsylvania's new "one board" medical examination organization, officially known as the Bureau of Medical Education and Licensure, have been named by Governor Tener, as follows: Dr. Samuel G. Dixon, commissioner of health, and Nathan C. Schaeffer, superintendent of public instruction, *ex-officio;* Dr. Adolph Koenig, Pittsburg, representing the State Medical Society, three years; Dr. G. A. Mueller, Pittsburg, representing the State Homeopathic Society, and Dr. C. L. Johnstonbaugh, West Bethlehem, representing the State Eclectic Society, two years each; Dr. D. P. Maddux, Chester, representing the State Homeopathic Society, and Dr. John M. Baldy, Philadelphia, representing the State Medical Society, each one year. The new board will organize before January 1, when it will succeed the State Medical Council and the examining boards representing the three State societies in charge of the supervision of medical education and examination of applicants for licenses to practice medicine and surgery in Pennsylvania. The new board was created by the act of June 3, 1911.

The new Pennsylvania State Bureau of Medical Licensure organized December 12, by electing Dr. John M. Baldy, of Philadelphia, as president, and Dr. C. N. Schaeffer as secretary. The new bureau will take over the duties of the State Medical Council and Examining Boards January 1.

The Pennsylvania State Bureau of Medical Education and Licensure held its first meeting at Harrisburg, January 12, and fixed May 20, 21, 22 and 23 for examination of medical students who are about to be graduated, and May 24 for examination of students who have been studying for two years. These examinations will be held in Philadelphia and Pittsburg. The Bureau adopted a resolution that after January 1, 1913, it will require evidence from each candidate for a doctor's degree that he or she has attended at least six obstetrical cases. Steps were also taken by the board toward obtaining reciprocity with other States in the matter of physicians' licenses, and the secretary of the board was instructed to prepare books for registering all medical practitioners in the State, as required by the act creating the new bureau. The medical colleges, six in Philadelphia and one in Pittsburg, will be inspected by the board on February 12, 13, 14, 15, and 16.

Texas.

N. T. Hardy has removed from Stone Point to Mabank, R. F. D. No. 3

W. L. Huckabay has removed from Winchester to Holland.

Dr. James Yates has removed from Water Valley to Ft. David.

Vermont.

Dr. L. R. Brown, of Winchester, New Hampshire, has moved to 35 N. Willard St., Burlington.

Washington.

J. A. Born, M.D., has removed from Valley Ford to 2301 Broadway, Spokane.

West Virginia.

J. W. Ruckman has removed to Rosby's Rock.

D. Edward Morgan has been appointed assistant surgeon to the coal mines at Mateawan.

A. J. Kemper has removed to Lost Creek.

Wisconsin.

Dr. H. R. Blay, of Rewey, has removed to Clyman.

The State Society has reduced the fees to $5, which includes the first year's dues in both State and National Societies; after the first year $4 will cover both dues.

Wyoming.

Dr. W. A. Wyman is the secretary and executive officer of the State Board of Health. His office is in the Capitol Building, Cheyenne.

A. R. Wiltke has removed from Douglass to 809 14th St., Denver, Colo.

Miscellaneous.

Requirement of Maternity Cases.—The examining boards of two States, Rhode Island and Wisconsin, have decided that hereafter every applicant for license to practice medicine in those States must have personally attended and taken entire charge of at least six maternity cases. The requirement of six cases is too few rather than too many; but it is encouraging to know that there are at least two State licensing bodies that appreciate the necessities of the times.

The Owen Bill Modified.—The bill introduced by Senator Owen, of Oklahoma, providing for the establishment of a department of health by the United States government, has been referred to the committee of public health and national quarantine of the United States Senate. Senator Owen has offered an amendment providing that the department of health "shall have no power to regulate the practice of medicine or the practice of healing, or to interfere with the right of a citizen to employ the practitioner of his choice," and that appointments in the department shall be made without any discrimination as regards schools of medicine.

President Taft, who makes the laws for the Panama canal zone, amended a recent executive order regarding the practice of medicine in the zone, so as to explicitly sanction the use of Christian Science and other non-medical methods.

MARRIAGES.

R. E. Heacock, E. M. C. 1911, to Miss Mattyee Lee Willis, of Cynthiana, Ky. Dr. Heacock is now located at Tatamy, Pa.

OBITUARIES

Albee, George S., Eclectic Medical College of Pennsylvania, Philadelphia, 1858, at Worcester, Mass., October 21, aged eighty.

Brown, Horatio S., Eclectic Medical Institute, Cincinnati, 1889, at Niles, O., October 29, aged forty-four.

Curlis, Eugene A., Bennett Medical College, Chicago, 1873, at Kalamazoo, Mich., December 9, aged fifty-six.

Dakin, George M., Eclectic Medical Institute, Cincinnati, 1862, at his home in Laporte, Ind., December 2, aged eighty-four.

Hall, Edward, Eclectic Medical Institute, Cincinnati, 1864, at his home in St. Joseph, Mich., October 16, aged eighty-one.

Harrington, Everett F., Lincoln Medical College, 1902, at his home in Watertown, S. D., October 6, aged fifty.

Henning, John Q., Bennett College, Chicago, 1880, at Garnett, Kansas, December 30, aged eighty-one.

Hightower, I. M., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1889, at his home in Cartersville, Ga., October 11, aged forty-seven.

Hoag, Charles M., Eclectic Medical College, Cincinnati, 1907, at Judsonia, Ark., August 19.

Holman, George W., New York, Eclectic Medical College of the City of New York, 1878, at the Seney Hospital, October 3, aged eighty-five.

Hull, Jacob, Bennett Medical College, Chicago, 1876, at his home in Hicksville, O., November 14, aged sixty-eight.

Kilmer, Thomas J., Eclectic Medical College of the City of New York, 1875, at his home in Schoharie, N. Y., December 26, aged seventy-eight.

Kisner, Thomas J., Indiana Eclectic Medical College, Indianapolis, 1888, at his home in San Francisco, Cal., January 10, aged eighty.

Kyser, Frederick C., Eclectic Medical Institute, Cincinnati, 1905, at his home in Grenola, Kan., December 3, aged forty-two.

Lake, Jennie M., Eclectic Medical Institute, Cincinnati, 1879, at Fulton, New, York, aged seventy-three.

Lewin, Herman, Eclectic Medical College of the City of New York, 1896, at his home in New York City, December 28.

Monk, E. Henry, American Medical College, St. Louis, 1875, in Marshalltown, Ia., December 4, aged 62.

Mulford, John Q., Eclectic Medical Institute, Cincinnati, 1883, at his home in Lebanon, O., December 10, aged fifty-two.

O'Neal, Joseph F., Eclectic Medical Institute, Cincinnati, 1874, at his home in Chicago, December 9, aged sixty-eight.

Perkins, Benjamin, Eclectic Medical College of Pennsylvania, Philadelphia, 1867, at the home of his son in Bellflower, Mo., December 15, aged eighty-two.

Watkins, Lyman, Eclectic Medical Institute, Cincinnati, 1877, at Seton Hospital, January 21, aged fifty-eight.

Winterburn, George W., Eclectic Medical College of the City of New York, 1875, at the New York Hospital, November 19, aged sixty-six.

Young, Carrie F., California, 1888, at Berkeley, November 3, aged eighty-three.

Friedman, A. Isaac, Bennett Medical College, Chicago, 1895, at San Antonia, Texas, December 13, aged fifty-two.

CALENDAR OF STATE EXAMINING BOARDS.

(Revised to February, 1912.)

(Secretaries will please keep us informed of changes and dates.)

**Alabama.*—One board. Secretary, W. H. Sanders, Montgomery.

Arizona.—One board. Secretary, Ancil Martin, Phenix. Eclectic member, G. F. Manning, Flagstaff.

**Arkansas*—Three boards. Secretary Eclectic board, G. A. Hinton, Hot Springs.

California—One board. Secretary, C. L. Tisdale, Alexandria. Eclectic members, Charles Clark, San Francisco, and W. M. Mason, Lodi.

**Colorado*—One board. Secretary, E. A. Stickler, 612 Empress Bldg., Denver.

**Connecticut*—Three boards. Secretary Eclectic board, T. S. Hodge, Torrington.

**Delaware*—Two boards. Secretary Homeopathic board, R. A. Kittinger, Wilmington.

**District of Columbia*—Three boards.—President Eclectic board, E. B. Benson, 824 Fifth Avenue, N. E., Washington.

Florida—Three boards. Secretary Eclectic board, Hiram J. Hampton, Tampa.

**Georgia*—Four Boards. Secretary Eclectic Board, Charles H. Field, Marietta.

Idaho—One board. Secretary O. J. Allen, Bellevue. Eclectic members: Russell Truit, Cottonwood; C. M. Waterhouse, Weiser.

**Illinois*—One board. Secretary, J. A. Egan, Springfield. Eclectic member, W. R. Schussler, Orland.

**Indiana*—One board. Secretary, W. T. Gott, Crawfordsville. Eclectic member, M. S. Canfield, Frankfort.

**Iowa*—One board. Secretary, Guilford H. Sumner, Waterloo. Eclectic member, G. F. Severs, Centerville.

**Kansas*—One board. Secretary, H. A. Dykes, Lebanon. Eclectic members, A. S. Foss, Sabetha; C. J. Simmons, Lawrence.

**Kentucky*—One board. Secretary, J. N. McCormack, Bowling Green. Eclectic member, G. T. Fuller, Mayfield.

Louisiana—Two boards. Secretary Homeopathic board, G. T. Crebbin, New Orleans.

**Maine*—One board. Secretary, F. W. Searle, Portland.

**Maryland*—Two boards. Secretary Homeopathic board, Jos. S. Garrison, Baltimore.

Massachusetts—One board. Secretary, E. B. Harvey, room 159, State House, Boston. Eclectic member, A. L. Chase, Randolph.

**Michigan*—One board. Secretary, D. B. Harrison, Detroit. Eclectic members, Wm. Bell, Belding; H. C. Maynard, Hartford.

**Minnesota*—One board. Secretary, W. S. Fullerton, St. Paul.

Mississippi—One board. Secretary, S. H. McLean, Jackson.

**Missouri*—One board. Secretary, F. B. Hiller, Jefferson City. Eclectic member, L. W. Upshaw, St. Louis.

Montana—One board. Secretary, W. C. Riddell, Helena.

**Nebraska*—One board. Secretary, E. Arthur Carr, Lincoln. Eclectic member, H. B. Cummins, Seward.

**Nevada*—One board. Secretary, S. L. Lee, Carson City (Eclectic).

**New Hampshire*—Three boards. Secretary Eclectic board, W. H. True, Laconio.

**New Jersey*—One board. Secretary, H. G. Norton, Trenton. Eclectic member, D. P. Borden, Paterson.

New Mexico—One board. Secretary, J. A. Massie, Santa Fe.

New York—One board. Secretary, Harlan H. Hoxner, Regent's Department, Albany. Eclectic member, L. H. Smith, Buffalo.

North Carolina—One board. Secretary, B. K. Hays, Oxford.

**North Dakota*—One board. Secretary, H. M. Wheeler, Grand Forks.

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* Reciprocates on various conditions. Write the board secretary for particulars.

*Ohio—One board. Secretary, G. H. Matson, Columbus. Eclectic member, S. M. Sherman, Columbus.
Oklahoma—One board. Secretary, J. W. Duke, Guthrie. Eclectic members: M. Gray, Mountain View; A. E. Sawyer, Durant.
Oregon—One board. Secretary, E. B. McDaniel, Portland. Eclectic member, H. L. Henderson, Astoria.
Pennsylvania—One board. Eclectic member, C. L. Johnstonbaugh, West Bethlehem.
Rhode Island—One board. Secretary, G. T. Swartz, Providence.
**South Carolina*—One board. Secretary, A. Early Boozer, Columbia.
South Dakota—One board. Secretary, F. W. Fryburg, Mitchell. Eclectic member, H. S. Graves, Hurley.
**Tennessee*—One board. Secretary, C. A. Abernethy, Pulaski. Eclectic member, W. H. Halbert, Nashville.
**Texas*—One board. Secretary, J. D. Mitchell, Fort Worth. Eclectic member, M. E. Daniel, Honey Grove.
**Utah*—One board. Secreary, G. F. Harding, Salt Lake City. Eclectic, C. L. Olsen, Murray.
**Vermont*—Three boards. Secretary Eclectic board, P. L. Templeton, Montpelier.
**Virginia*—One board. Secretary, R. S. Martin, Stuart.
Washington—One board. Secretary, F. P. Witter, Spokane.
**West Virginia*—One board. Secretary, H. A. Barbee, Point Pleasant. Eclectic member, C. W. Halterman, Clarksburg.
**Wisconsin*—One board. Secretary, J. M. Beffel, Milwaukee. Eclectic member, C. W. Rodecker, Holcomb.
**Wyoming*—One board. Secretary, Albert B. Tonkin, Riverton.

SOCIETY CALENDAR.

1. National Eclectic Medical Association.—President, A. F. Stephens, St. Louis, Mo.; Secretary, Wm. P. Best, Indianapolis, Ind. Washington, D. C., June 18-21, 1912.

2. Albany and Saratoga District Medical Society.

3. American Eclectic Materia Medica Association.—President, S. A. Abbott, Taunton, Mass.; Secretary, A. W. Smith, Berwyn, Ill.

4. Arkansas Eclectic Medical Society.—President, W. H. Simmons, Rector; Secretary, R. M. Jernigan, Fitzhugh. Little Rock, May 13, 14.

5. Boston District Eclectic Medical Association.—President, W. Clark; Secretary, Pitts Edwin Howes. Monthly, excepting July and August.

6. Brooklyn Therapeutic Society.—Secretary, A. B. Wolf, Brooklyn. Quarterly.

7. California Eclectic Medical Society.—President, L. Vandre, San Francisco; Secretary, H. Ford Scudder, Redlands. San Francisco, May 23-25, 1912.

8. Central New York Eclectic Medical Society.

9. Chicago Eclectic Medical and Surgical Society. Monthly.

10. Colorado Eclectic Medical Society.—President, J. A. Dungan.

11. Connecticut Eclectic Medical Society.—President, James E. Hair, Bridgeport; Secretary, T. S. Hodge, Torrington. Semiannually. May 14, 1912.

12. Dayton Eclectic Medical Society.—President, J. F. Wuist, Dayton; Secretary, J. C. Newcomer, Dayton. Third Friday of each month.

13. Eclectic Medical Society of the City and County of New York—President, H. Harris; Secretary, M. B. McDermott. Third Thursday of each month.

14. Florida Eclectic Medical Association.

15. Fort Wayne Eclectic Medical Society.—President, G. A. Barry; Secretary, J. E. Morris. Monthly.

16. Georgia Eclectic Medical Association.—President, J. H. Powell, Atlanta; Secretary, G. W. E. Patterson, Atlanta. Atlanta, 1912.

17. Illinois Eclectic Medical Association.—President, Walter R. Schussler, Orland; Secretary, Wm. E. Kinnett, Peoria. May 8, 1912.

18. Indiana Eclectic Medical Association.—President, T. S. Turner, Lebanon; Secretary, J. D. McCann, Monticello. Indianapolis, 1912.

19. Iowa Eclectic Medical Society.—President, L. E. Eslick, Rockwell; Secretary, B. C. Minkler, Des Moines. Des Moines, May, 1912.

20. Kansas Eclectic Medical Association.—President, J. C. Entz, Hope; Secretary, O. C. Baird, Chanute. Kansas City.

21. Kansas City Society. Semi-monthly.

22. Kentucky Eclectic Medical Society.—President, L. F. Robbins, Salt Lick; Secretary, Lee Strouse, Covington. Louisville, May, 1912.

23. Kentucky Central Auxiliary.—President, J. W. Wells, Vanceburg; Secretary, T. A. Evans, Farmers. Richmond, November, 1912.

24. Kentucky Eastern Auxiliary.—President, D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton. Ashland, October, 1912.

25. Kings County Eclectic Medical Society.—President, Theo. Adlerman; Secretary, A. W. Wolf.

26. Los Angeles County Eclectic Medical Society.—President, R. B. Hubbard, Los Angeles; Secretary, P. M. Welbourn, Los Angeles.

27. Maine Eclectic Medical Society.—President, S. A. Abbott, Taunton, Mass. Portland, May 24. 1912.

28. Massachusetts Eclectic Medical Society.—President Sylvina Abbott, Taunton; Secretary, Pitts Edwin Howes, Boston, Mass. Portland, May 24, 1912.

29. Michigan Eclectic Medical Society.—President, C. R. Murphy, Lansing; Secretary, J. E. G. Waddington, Detroit. Lansing, June 5, 1912.

30. Missouri Eclectic Medical Society.—President, H. H. Helbing, St. Louis; Secretary, Emmett F. Cook, St. Joseph. St. Louis, Mo., May, 1912.

31. Missouri Valley Eclectic Medical Association.—Secretary, Joun C. Story, St. Joseph.

32. Minnesota Eclectic Medical Society.

33. Nebraska Eclectic Medical Society.—President, C. W. Jester, Bethany; Secretary, S. J. Stewart, Kenesaw. Hastings, May, 1912.

34. New England Medical Association.—President, Jas. T. Tonks, Westbrook, Conn.; Secretary, F. W. Abbott, Taunton, Mass.

35. New Hampshire Eclectic Medical Society.

36. Northeastern Ohio Eclectic Medical Association.—President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.

37. Northwestern Ohio Eclectic Medical Society.—President, J. H. Jenkins, Rushmore; Secretary, A. M. Van Horn, Findlay. Quarterly.

38. New Jersey Eclectic Medical Society.—President, G. C. Young, Washington, D. C.; Secretary, G. E. Potter, Newark. Semi-annual. October, 1911.

39. New York Eclectic Medical Society.—President, T. D. Adlerman, Brooklyn; Secretary, Earl H. King, Saratoga Springs. Albany, March 27 28, 1912.

40. New York Specific Medication Club.—Secretary, John Birkenhauer. Second Thursday of each month.

41. Northwestern Indiana Eclectic Medical Society.—Secretary, W. F. Smith, Huntington.

42. Ohio Central Eclectic Medical Society.—President, Wm. E. Postle, Columbus; Secretary, C. M. Deem, Columbus. Monthly.

43. Ohio Eclectic Medical Association.—President, J. J. Sutter, Bluffton; Secretary, W. N. Mundy, Forest. Columbus, May 14-16, 1912.

44. Oklahoma Eclectic Medical Society.—President, F. S. Peck, Oklahoma City; Secretary, H. G. Stagner, Guthrie. Oklahoma City, May 17, 18, 1912.

45. Oregon Eclectic Medical Association.—Secretary, Byron F. Miller.

46. Pennsylvania Eclectic Medical Association.—President, W. O. Keffer, Frugality; Secretary, M. V. Hazen, Titusville. Harrisburg, May 23, 24, 1912.

47. South Dakota Eclectic Medical Society.—President, W. F. Collins, Howard; Secretary, J. C. Greenfield, Avon. Madison, May, 1912.

48. Southern California Eclectic Medical Association. President, H. V. Brown, Los Angeles; Secretary, A. J. Lawrence.

49. Southwestern Ohio Eclectic Medical Association.—President, O. P. McHenry, Hamilton; Secretary, J. L. Payne, Cincinnati. Bi-monthly.

50. Sullivan County Eclectic Medical Society.

51. Tennessee Eclectic Medical Association.—President, W. H. Halbert, Nashville; Secretary, B. L. Simmons, Granville. Nashville, May 21, 1912.

52. Texas Eclectic Medical Association.—President, M. F. Bettencourt, Fort Worth; Secretary, H. H. Blankmeyer, Aransas Pass. Waco, May 15-16, 1912.

53. Vermont Eclectic Medical Association.—President, J. B. H. Cushman, East Charleston; Secretary, P. L. Templeton, Montpelier. Montpelier, June 5, 6, 1912.

54. Washington Eclectic Medical Association.—President, T. J. Piersol, Tacoma; Secretary, N. M. Cook, Seattle. Tacoma, August, 1912.

55. Western Ohio Eclectic Medical Association.—President, Guy J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly.

56. Western New York Eclectic Medical Society.

57. West Virginia Eclectic Medical Association.—President, M. H. Waldron, Naugatuck; Secretary, W. B. Hartwig, Anthem.

58. Wisconsin Eclectic Medical Society.—President, Ira Fay Thompson, Reedsburg; Secretary, E. C. Haney, Watertown. Devil's Lake, June, 1912.

THE NATIONAL
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ADDRESS BEFORE THE GEORGIA STATE SOCIETY.

GEORGE A. DOSS, M.D., ATLANTA, GA.

Mr. President, Ladies and Gentlemen:

The advancement of medical science, so far as it concerns medicinal agents and the successful combatment of diseased conditions, is due almost wholly to specific diagnosis and specific medication. So, it seems to me, that if this be true, it behooves us, as men of the profession, to understand all we can about the method of arriving at definite conclusions of disease conditions and applying agents to restore the diseased organ or part to health.

In order for the physician to become well versed in this modern therapy, which we have termed "progressive medicine," he must understand applied anatomy, applied physiology, practical chemistry, and have a working knowledge of materia medica. If he is well versed in these, has an educated or high development of the special senses, and a brain that can arrive at conclusions and make proper deductions, he is in a position to practice scientific or progressive medicine.

Some explanation, however, is needed as to what we mean by applied anatomy, applied physiology and practical chemistry. We may have studied well our text-books on anatomy, physiology and chemistry, and yet have no practical knowledge of them. Only that part of anatomy, physiology and chemistry that can be applied and put to practical use by the physician benefits him in combating diseased conditions. We may be able to name every bone, muscle, nerve, blood-vessel, organ or part of the body, and yet know nothing of the body in a practical way or in a way that will be of assistance to us in our fight against disease. Better to know the anatomical body in health—as its bones are clothed in muscles, nerves and blood-vessels; their relation, mechanical action, as a living picture of health—as a standard of comparison, than to have memorized technical anatomy.

Know the well man as regards applied physiology; know the healthy action of every organ or part; and then, and not till then, will he be in a position to study pathology or the sick man. Know the healthy or well expression, position, action, etc., of the living man, if you please, and then you can easily detect any departure from this standard, and find means that will assist nature in restoring the organ or part to health.

Practical chemistry is essentially necessary to the physician, that he may

avoid incompatibles and remedies or agents that have antagonistic influences on the body at large or in part.

With these essentials known, a working knowledge of materia medica and an educated sense of seeing, feeling, hearing, tasting and smelling, we are in a position to study and treat disease intelligently.

The special senses are rudimentary, primarily, and their development is in proportion to their proper use. "As any organ or part is rightly used it grows in capacity."

"Specific diagnosis is the relation that exists between diseased conditions and the curative action of drugs," and this relation is found through the use of the special senses.

"Specific medication is the application of a remedy or remedies to a pathological condition made known to us by symptoms" through the exercise of the special senses on the patient.

Practicing medicine by this method constitutes what is termed progressive medicine, rational therapeutics or modern therapy, the only scientific way of fulfilling the office of the physician—that of assisting nature to overcome the diseased condition. These principles are some of the most valuable assets of the Eclectic school of medicine. The definition of Eclecticism in its broadest sense is the best of doing things in conformity to nature's laws, evolved through independent methods of thought and investigation, be they theology, government, political economy, education or medicine and surgery.

Let us enquire in regard to the influence brought to bear in developing the ethics and elements of progressive medicine; see how, by successive steps, the human mind was enabled to emerge from the domination of the scepter, miter and fagot, and enter upon a higher plane of development.

First came by, Luther, that grand definition of human rights: "Private judgment is the right and duty of every man."

Second, by Jefferson and his compeers: "The inalienable right to life, liberty and the pursuit of happiness."

Third, by Abraham Lincoln, as the corollary of both preceding principles: "A government of the people, by the people, for the people." These three formulas constitute the foundation stones of human development.

Our government was founded on these principles and the selection of the best methods of government known to man, of all that had preceded it, selective, elective, and as yet it is the only Eclectic government in the world. Here there shall be no more kings or high priests, no more martyrdoms for conscience sake! The Galileo of to-day can say, "It does move, nevertheless," and no excommunication confronts him, no sword of Damocles hangs over his head.

In spite of kingcraft and priestcraft, universal toleration is marching on; the shackles of bigotry and superstition are broken; the world moves to its manifest destiny, the freedom of mankind. In spite of the concerted action of the American Medical Association, with their desperate efforts to mobilize Congress in their behalf, it will remain still for the citizen to select, in

the future as in the past, the physician of his choice; and medical science will never be controlled by a board under the direction of the American Medical Association, for such a step would be imperial and would forever destroy the grand principles of Luther, Jefferson and Lincoln.

Again, rationalism in religion is an evolution to Eclecticism, an effort to be freed from antiquated dogmatic creeds, or to rehabilitate them in a more inviting garb, in accordance with advancing thought. Our old school friends (?) do not comprehend the scope, the ethical relation of Eclectic or progressive medicine to other reforms, other eclecticism; that each is developed as the others grow; that toleration for one means toleration for all.

Oh, the world does move! And to endeavor to stop this onward march of the people to a perfect freedom, a broader Eclecticism, "by rifled cannon and troops of the line," is vainer than a dream. Over such frail barriers the rush of the multitude is like the march of the storm.

Eclectic or progressive medicine is truly American in its origin, ethics, remedies and methods. The old school is a foreigner, with European ideas and proclivities, which must ever prevent it affiliating with American ideas of toleration—an exotic which can never be naturalized. Eclecticism in medicine need not be confined to any one school. In calling our school Eclectic we do not mean thereby that it is sectarian, for it is not; but if progress in the scientific development and employment of American remedies designates us as sectarian, we plead guilty to the soft impeachment.

Prof. Howe once said: "Progress is a feature of Eclecticism, hence we can have no fixed or immutable authority on therapeutics." We advance every day. "No pent up Utica contracts our powers." We claim independence of action, relying upon cultured common sense and a discriminating conscience for our guides.

We need nor use no ethical code except the Golden Rule. We concede to our competitors all the rights we claim for ourselves. Is this sectarian? No! Sectarianism would destroy the very spirit of Eclecticism.

To be enabled to select, test and apply the best remedies and methods properly, requires an extensive "tentative and experimental knowledge," without which there can be no true Eclecticism in medicine. How shall they know unless they be taught, and how can they be taught without a teacher? This knowledge of progressive medicine can be obtained only in an Eclectic school. The *diligent* student can obtain more knowledge of the vital principles and demonstrated working facts needed to fit him for active practice in an Eclectic school in two years' time than he could in an old school college in four years—a knowledge that he can always tie to, that will last his lifetime. Before the advent of specific diagnosis and specific medication, the Eclectic and old school looked alike—we mean their methods of giving drugs for named diseases; but with the discovery of these principles there was a change. Progressive minds had gathered a few isolated facts in regard to the specific action of remedies, which induced the belief that from these and other correlated facts in time would be evolved a sys-

tem of specific medication which would cover the whole field of therapeutics. To Prof. John M. Scudder belongs the honor of collating and exemplifying these facts as the basic principle of therapeutics, and evolving working formulas by which any intelligent mind can grasp it and avail himself of it. But few can comprehend the amount of labor involved in working out this "plan of salvation" for millions of human sufferers. The more it is tested and grows, the more it seems the embodiment of scientific therapeutics. We needed it to render Eclecticism or progressive medicine complete in its manhood growth. The world needed it, and it has come to stay. It is the leaven which will "leaven the whole lump." It is founded, we believe, on nature's laws, which never vary, and will therefore hold good through all time, the one proved fact by which the world is bettered, one of the grandest discoveries of the nineteenth century, which should and will mark an epoch in medicine equal to or even greater than the discovery of the circulation of the blood by Harvey.

What are the results? The Eclectic physicians, individually and collectively, have studied the action of more than three hundred remedies until they have given them an exact place in therapeutics, a place so consistent with their inherent properties, so consistent with physiological and pathological action, that they cannot be displaced. They have developed a knowledge of single remedies which have at once taken highest position in therapeutics and have met with general recognition as immensely superior to others of their class, and this truth has been amalgamated into a systematic and rounded whole, a definite and highly consistent method of practical therapeutics.

As a Champollion was needed to translate the hieroglyphics on the Egyptian monuments, a George Smith to elucidate the Babylonian tablets, to make their information available to the world; or a Kepler to formulate the laws which dominate and govern the solar system; so a master mind, bent on a single purpose, was needed to collate, demonstrate and arrange the isolated facts regarding the action of remedies. What if Scudder did tread on the ground of the Homeopaths, the earler Eclectics and others who had made discoveries in that direction? This knowledge was not in shape to be available. Prof Scudder gathered together these gems of medical knowledge, and with those hewn by himself constructed a foundation upon which the superstructure of scientific medicine is being built. Prof Scudder might have said (after he had written his works on specific diagnosis and specific medication), in the language of the immortal Kepler, after having worked out and published those immortal laws which bear his name: "Nothing holds me; I will indulge in my sacred fury. I will triumph over mankind by the honest confession that I have stolen the golden vases of Egypt to build up a tabernacle to my God, far away from the confines of Egypt. If you forgive me, I rejoice. If you are angry, I can bear it. The die is cast; the book is written, to be read now or by posterity, I care not which. It may be well to wait a century for a reader, as God waited six thousand years for an observer."

"The work is done; nor Folly's active rage
Nor Envy's self shall blot the golden page;
Time shall admire, his mellowing touch employ,
And mend the immortal tablet, not destroy."

Over two centuries after Kepler had published the laws which govern planetary motion, a French astronomer, observing certain perturbations in the planet Uranus, predicted, in accordance with Kepler's laws, the existence of a planet unseen by mortal eyes, and wrote a letter indicating the point in the heavens where it would be found. The same evening his letter was received, Neptune was discovered at the Berlin Observatory, within one degree of the point indicated by the letter, thus proving the scientific truth of astronomical deduction. Is there any reason why specific medication may not approach such positiveness? Who can tell? The truth of specific medication has already been demonstrated. Then, if specific medication be true, and it be a representative feature of Eclecticism or progressive medicine, that system of medical practice must be the best.

We found our claims on the following: First, a diagnosis based upon conditions as elicited by symptoms, inductive and deductive. Second, by the employment of remedies that have a specific action upon tissues, organs and functions. Third, thereby removing morbid and pathological conditions and restoring the tissues and organs so that they may resume their normal functions. Fourth, thereby curing disease safely and permanently, leaving no sequelæ to follow. Fifth, thus, by the specific application of drugs to diseased conditions as indicated, conserving health and prolonging life.

So, ladies and gentlemen, it is with much confidence that we predict a future of great length and most brilliant promise for progressive medicine. Poor humanity, groping blindly through the dark centuries in search of the Grand Panacea, and rolling its stone of Sysyphus from age to age, has at length emerged upon a sunlit era. Instead of an abject creature, priest-ridden and trembling under the dominion of superstition and dwarfed by the blighting influence of enthroned ignorance and precedent established in bigotry, man has become an independent, thinking organism. Now, for the first time in his history he is beginning to behold nature in her natural garb, and takes up the study to determine his place in her orderly possession, his rôle in her greatest drama, and to truly know himself. In contemplating the broadening field and lengthening vista thus opened up to him, he is filled with larger hopes, loftier ideals, grander aims; laying aside every weight, with indomitable heart he grapples with the problems of the higher life, and human ken dare not at present set metes and bounds to the achievements of the future.

The removal of a wedge of skin at the side of an ingrown nail, as in Cotting's operation, is rarely necessary and usually objectionable. Granulations disappear quickly when the nail segment is withdrawn; if they are exuberant they may be snipped or burned off.—*American Journal of Surgery.*

CONSERVATIVE AND RADICAL SURGERY.

E. G. Sharp, M.D., Guthrie, Okla.

The consideration of a subject of this nature involves very largely the opinion of the writer, and is one on the details of which probably no two individuals could or would agree; yet the general idea of what constitutes conservative and radical surgery is about the same the world over.

There are so many phases of this subject to be dealt with that it is hard to deal with all of them in this brief paper, but we will express our conclusions on some of them, hoping that the discussion provoked thereby may be beneficial to all of us.

The Eclectic physician or surgeon would and does consider the sacrifice of an extremity, or part of it, on account of an acute septic infection, as *most radical surgery,* because he knows full well that the administration of vital antiseptics, with local application of the indicated remedy of the same class, will control the pathological process and restore the part to its normal condition, while the average allopathic surgeon feels that he is conservative when he amputates only the badly inflamed and infected hand or arm, or other extremity, as the case may be.

I wish it could ring in the ears of every allopathic surgeon in the world, as well as that of every layman, that amputation of the extremity of the body of a patient for an acute infection is *never* justifiable except in those cases in which the integrity of the tissue of the part is so destroyed as to be unable to restore itself, and that is only in those cases where the tissue has really become necrotic; and that long, long ere this stage has been reached in a majority of cases, the infection has passed into the general circulation and done all the mischief it could do; and I believe in this class of cases amputation is wholly unjustifiable, if not absolutely criminal; and yet when we think of the limbs needlessly sacrificed for acute infection by the radical surgeon and medical nihilist, who egotistically states that "there is no virtue in medicine in this class of cases, either given internally or applied locally," we cannot but feel a degree of pity for his blinded prejudice, that causes him to accept the statements of his medical nihilistic leaders as true, and to refuse to investigate for himself those lines of remedies known as arterial sedatives and vital antiseptics, which, if used as indicated, would in a majority of cases prevent the necessity for amputation.

As a general principle it may be said that there is a conservative radicalism as well as a radical conservatism, either of which may be dangerous to the interests of the patient, and either of which it is well to avoid.

Just when to operate and when not, requires as much, yea, more, discrimination, skill and good judgment than the mere work of operating. In appendicitis, for example, many surgeons operate and remove the appendix on the mere subjective symptom of pain alone; and I feel justified in saying that a considerable percentage of appendectomies do not result in the finding of an abnormal appendix nor the prevention of recurring paroxysms of pain in the abdominal region; yet the *wise* surgeon *wisely* attributes recur-

ring attacks to some other cause, and justifies the operation on general principles. I consider the removal of an appendix on purely subjective symptoms as extremely radical surgery, and in many cases wholly unjustifiable.

The same may be said of many cases of supposed gall-stones, that are in reality only a gall-duct infection, though operated for gall-stones that are not present and never were, and the operation is justified on the ground that infection was present that justified opening and drainage, when appropriate internal medication would have given better and more permanent results; and we believe that we are justified in the conclusion that the less general knowledge of internal pathological conditions, and the use of indicated remedies the surgeon possesses, the more radical he becomes in favor of operation on mere subjective symptoms, and often to the detriment of his patient.

Dr. Emil Ries, of Chicago, years ago told us, in his lectures at the Chicago Post-Graduate Medical College on "The Curette, When and When Not to Use It," that the use of the sharp curette was *never justifiable,* and that the use of the dull curette was only justifiable for the removal of offending material from the uterus; but that in the majority of cases that came to the surgeon, the infection from this source had passed into the general circulation and done its work long before the surgeon was called to see the case; and I believe those statements to be true; and the conservative surgeon in these cases *never* uses the sharp curette, and never the dull one to the extent of opening up new avenues of infection by intrauterine abrasions made in an attempt to remove all of an infection that has long since passed into the general circulation.

In conclusion, we may add that we have not gone far into the details of this subject, but have laid down general principles only, and desire here to emphasize the thought that the best and safest surgeon is that man who not only has the most diagnostic skill and surgical knowledge, but is also well versed in medicines and their uses.

DISCUSSION.

Dr. J. D. McCann (Monticello, Ind.): In conservative surgery, whether we operate or not for appendicitis is sometimes a small matter; they can get along without that appendix, whether it is removed in a healthy or diseased condition. But when it comes to the extremities, I think we should pay more attention to conservative surgery. A man cannot get along very well without a leg or an arm, and if we can save any portion of the arm below the elbow, even if we have to cut off part of it, we are doing that man a favor. I remember one time I was criticized very severely because I had left a little stump of an arm below the elbow, when it should have been cut off above, but I knew a little piece of an arm below the elbow was worth a good deal to a man on a farm, and I saved it, and he has thanked me many times since.

If a patient comes in with a bad finger, and somebody suggests complete amputation, there is where we should use our common horse sense as to whether amputation is necessary or not. We can get along without the appendix, but it means a great deal to a man, woman or child to remove any

portion of the extremities. Let us look well to the antiseptic and septic conditions of the patients, and see if we cannot use conservative surgery in the case of the extremities.

Dr. F. L. Wilmeth: It seems to me that about all the remarks that have been made have been of the mistakes that surgeons have made in operating at times when it was not necessary. I do not understand that to be conservative surgery. I do not understand that to be a consideration of the subject.

Conservative surgery, as defined by the writer of the paper, does not depend entirely upon the judgment of the attending physician. Conservative surgery depends particularly upon the condition you are treating, not upon the opinion of men. In abdominal work, especially with reference to appendicitis, there is sometimes no temperature and very little nausea, even in cases where gangrene may be found, and still there is very little obstruction of the intestinal tract. In these cases we require conservatism, and I do not think that a man is competent to have conservative opinion on surgery or medicine that does not have a good knowledge of both. I do not think a medical man is a good judge of surgical cases, and *vice versa*. A friend of mine called me last winter to operate for obstruction. He was not able to determine the character of the case. I found a volvulus of the small intestine and an adhesion, and a very small portion of the intestine came away, so we could not close it. Later we did a resection of the intestine. Now, if I had had that case three days before the time I did; if I had had it at the time the doctor was in doubt as to diagnosis, it would have been a simple matter. That would have been what I consider conservative surgery for myself.

I do think we ought to take a little more conservative view of conservative surgery. I would say to the general practitioner that when you give the specific indicated remedy, and if it does not do the work there is something wrong, and you must find out what it is, and for that I recommend an exploratory incision. It is a matter we all ought to consider, this thing of an exploratory incision.

Dr. G. W. Thompson (New York): I had a case come into my hands of scarlet fever. It ran its usual course, and the patient was taken some two weeks after with a pain in the side, but with no pulse or temperature or other indications of appendicitis. That was on Saturday night, and I said to let the child go until Monday, and when I examined him again I decided it was a case of appendicitis. Still there was no temperature or pulse. I called a surgeon in consultation, and he said it looked like appendicitis, but remarked the absence of temperature or pulse. On Monday morning the boy had fainting spells, and we took him to the hospital and operated, and found an appendix that was nearly six inches long, that was gangrened, and a portion of the bowel for two and a half inches along the back portion of the ascending colon was gangrened. And yet at that time he had no fever or temperature. He made a recovery, and is well now.

Dr. Sharp: I want to say that it is the exception that proves the rule, and Dr. Thompson's case is the exception. I emphasized the fact that conservative surgery does not operate on a single subjective symptom; there is always more than that. Temperature may be absent, but there is pain or nausea, or some localized symptom.

The main point in my paper, and which I wish could have been discussed further, was relative to the amputation of extremities for acute infection. I have some very decided views on this matter. Although doing surgery, and making it a specialty, I have always practiced conservative surgery, and removed only necrotic tissue and tissue that was so far gone that it could not restore itself to its normal condition. I know physicians of our allopathic

friends that do not have faith in medicines, and I have prevented amputations that would have been performed if I had not been on the ground, and with the result that the patient made perfect recovery.

I heartily agree with the doctor from Nebraska, that when in doubt an exploratory incision is a good thing. I do not want us to be too radical against operations, nor do I want to operate on the slightest pretext. By an exploratory incision you can find out what the trouble is; it is not dangerous, and may result in an operation that will save the life of the patient, when in forty-eight hours it would be a hopeless case.

If the surgeon studies well his cases and stays on the safe side, whether it be operation or not, there would be fewer cases lost. In many cases of appendicitis or troubles of like nature, there is a question of what the safe side is, and in these cases I would make an exploratory incision—look inside and see what the trouble is.

CONSERVATIVE GYNECOLOGY.

JOHN PERRINS, M.D., BOSTON, MASS.

These are times of wonderful progress. When we contemplate the marvelous inventions that have been brought into existence in our day, it seems little short of miraculous. I will not stop to name even the most prominent of them, but will at once proceed with my subject, namely, conservative gynecology. It is within the memory of some of us when the medical and surgical world was startled by the hitherto unheard of operation of opening the abdomen of women and the removal of diseased organs in an attempt to save their lives, by such men as the late Dr. Burnham, of Lowell, Mass., and Dr. Gamgee, of Birmingham, England; and how, after an unsuccessful operation, the patient died, and the doctor had to make his escape in the night to save himself from the fury of the people, who charged him with killing the woman. Contrast this with the splendid results which follow such operations to-day, and we must admit that surgery is in no way behind any of the wonders which surrround us. It is not saying too much when we claim that hundreds and perhaps thousands of lives have been saved by such operations.

Still I cannot help feeling that there is great probability that the knife is frequently resorted to before other and less radical means have been tried. I fear that the physician is too often induced by the hope that an operation will do more to restore his patient than medical and local treatment combined, or perhaps by the thought that in the end it will be found necessary to operate, entirely overlooking the fact that it is his duty to use every means in his power to preserve his patient from all unnecessary mutilation. If this plan was more persistently followed it would tend to a more thorough study of the best ways and means of treatment, and would, in my opinion, restore many patients to health and strength without subjecting them to an operation. I know that it is the custom of some doctors, as soon as a patient seeks their advice and aid, if on examination they discover a sensitive and painful condition in the abdomen, to at once advise them to go

to a hospital for an operation, before any serious attempt has been made to diagnose the case by more simple and desirable means.

I believe that there is such a thing as fashion in treating the sick. As an illustration, take dentistry. When first it was made possible to substitute a handsome set of artificial teeth for a partial set of ill-looking natural ones, how people rushed to the dentist and had some good, useful and sound teeth extracted to make room for a set of good-looking artificial ones. The dentist who would to-day advise the needless extraction of good, sound teeth for no better reason than to make it easier to fit a full set, and so make them look more uniform, would be shunned as a man whose judgment was not to be trusted. Then, again, long since that time, and not so far back but you all can remember, how many persons went through the operation of having the appendix vermiformis removed? It was only necessary for them, young or old, male or female, to be taken with a pain, more or less severe, in the stomach or abdomen, to have it at once pronounced a case of appendicitis, and have them hurried off to a hospital for an operation. Would that we could know how many such cases have been operated upon, where the operation revealed little or no trouble with the appendix, but the incision having been made, the appendix was removed to avoid possible trouble in the future.

For a time it was the fad for a certain class of women, who wished to avoid pregnancy, to have their ovaries removed, as it made their occupation less dangerous. All this happily has passed away. But still there is a tendency on the part of some physicians to rush to surgery before anything like a careful examination has been made. Such practice, in my opinion, is not only unjust to the patient, but is unwise as far as the doctor's interest is concerned. I know it has worked against the doctor in some cases. For example, a patient is taken sick and would gladly consult a doctor, but is afraid to do so for fear that he will insist upon an operation. This dread of an operation is sometimes so great that the patient will prefer to take the chance of recovery without a doctor's aid, rather than to go through with an operation, and if their sickness becomes severe will call some other doctor who they think would be less likely to suggest an operation. There are many patients who cannot at first make up their minds to submit to an operation, but who, when other methods have been tried and failed, gradually come to realize that nothing short of an operation will afford the desired relief, and when tactfully approached give their consent.

Then, again, there are many cases where little or no improvement has followed an operation, and a second and a third operation have failed to bring the improvement expected or promised. Such cases always prove detrimental to the doctor.

There is another class of cases which up to a recent date has defied all attempts at cure by medical means, and which the surgeon has taken hold of and by a severe and more or less dangerous operation has given great relief, at any rate for a time. I refer to the operation for the removal of gall-stones. Many poor suffering creatures have been wonderfully benefited

by an operation, but, from my observation, few, if any, are permanently cured. I have seen a case where the gall-bladder and the duct were packed full. The gall-bladder and the duct had to be opened, and from the two more than two hundred stones were removed. During the time that a drainage tube was kept in position, in addition to large quantities of bile, a number of soft masses resembling jelly, and averaging about the size of a pea or small bean, passed from the gall-bladder through the tube and into the bottle with the bile. These masses must have come directly from the liver, giving strong evidence that the disease is in the liver; that the stones are formed in the liver, and pass from there to the gall-bladder, where they harden.

It is not generally known even by Eclectic physicians that a remedy has been found that will cure such cases without the use of the knife, but such is the fact. We and the medical world in general are indebted to Dr. George W. Boskowitz for making known through the New York *Eclectic Review* a formula to meet this class of cases. I myself have a number of patients who are living witnesses to the efficacy of this valuable remedy, and they reach from Maine to California, and also to Switzerland. I will mention one case only, as that is typical of several others.

A patient of mine who was the wife of the American consul to Berne, Switzerland, has been subject to attacks of gall-stones from her girlhood days, and while in Berne she had several attacks. Finally the doctors in charge (and they were supposed to be as good as any in the world) told her husband that she must undergo an operation, as nothing else would be of the slightest benefit to her. This he communicated to her and tried to persuade her to submit to the knife, but she positively refused, and said to him, "You write to Dr. Perrins in Boston and ask his opinion, and if he says I must submit to an operation, I will, but not without." This he did. The doctors who had been in attendance were quite angry, and said it would only be a waste of time, as there was nothing known in the world that would cure her but an operation. I wrote her "not to have an operation until after you have tried the medicine I will send you at once." When my report was made known the doctors were still more emphatic in their statements, adding they did not care what Dr. Perrins or any other doctor said, there was nothing known that would do her any good. The next letter I received stated she had taken the medicine and the pain had entirely gone. That was fifteen years ago. She continued to take the medicine for a long time, and has always taken it at intervals ever since, and what is more important, she has not had one bad attack from that time to the present. Her husband has since died, and she has returned to this country, and is now living in New York City.

At the commencement of the New York Eclectic Medical College in May last I invited her to be present at the luncheon, where I gave a report of her case, and introduced the lady to the meeting. I mention this case in particular—first, to show that we can sometimes do with medicine, not only as well, but better, work, with better results than can possibly be done with the

knife. And, in the second place, to bear testimony to the value of Dr. Boskowitz's most valuable formula. I do not claim this to be a cure-all, as that would display unpardonable ignorance on my part and would bring discredit both on the doctor and on his formula, but I do say that in my hands it has produced marvelous results. Neither am I attacking surgery, for I have already given the highest praise to the wonderful work of the up-to-date surgeon, and the grand results that have followed his work. What I do wish to emphasize is that the somewhat reckless rushing to surgery before other means have been exhausted is bringing surgery into disrepute. I am not alone in this opinion, for only a few days ago, and since I wrote this essay, one of Boston's most famous surgeons stated before the Massachusetts Medical Society, held in Boston, something to this effect: That there was altogether too much surgery being done. Of course, he was referring to such cases that could be treated better by other means, or to those it was impossible to benefit by an operation.

(The formula is: ℞ Tr. lobelia seed, ʒiv to vj; fl. ext. chionanthus, ʒj to ij; fld. ext. podophyllin, ʒj; fl. ext. wild cherry, q. s., ℥iv. M. Sig.—Teaspoonful every two hours until better, then lengthen intervals. Take three times a day.—Editor.)

DISCUSSION.

Dr. Russell: I once knew a young man who had his arm amputated, and he was bothered by people asking how it was taken off, so he would reply, "I will tell you if you will not ask one more question." And when they promised, he would say, "It was bit off." Now, I want to know what bit it off. Dr. Perrins has told us the good qualities of this preparation, but he failed to give us the materials that go to make it up. If he wishes to correct the surgeons in their methods of operation he must tell us what he does and how he does it. Sometimes remedies are good and valuable. I want him to tell what to use, and then we will know whether he is right or wrong. I think the doctor will agree to that.

Dr. Helbing: This paper I believe can be commended, but I believe it would have been better to have read it before an allopathic association. I do not think the Eclectic surgeons need to be taught conservatism, because I believe they are conservative; but as a rule the patients we get have been treated, remedies have been used for their cure and have accomplished nothing, and the only resort is surgery.

Dr. Perrins: I want to say in reply to my very esteemed friend, Dr. Russell, that I shall be only too glad to give the formula. I got it from a journal, as I mentioned, and I thought possibly you may have seen it, too. It is a strong tincture of lobelia seed, from 4 to 6 drachms; I usually use 6 drachms; 1 or 2 drachms of the fluid extract of chionanthus virginicus; I usually put in 1; 1 drachm of fluid extract of podophyllum. I fill up a four-ounce bottle with the fluid extract of wild cherry bark for the purpose of holding the stomach from vomiting. I give a teaspoonful to begin with once in two hours. Do not make the intervals too long. After the worst of the pain is past make it a teaspoonful three times a day. After the case is apparently well, give it twice a day, and after they have taken it that way, give it once a day. Then I let up on it a week, and then give it once a day for a week, and so on. If you find the least bit of bad sensation in the region where you had the pain, take it three or four times a day again.

As I said, my patients are all the way from Maine to California. I have a lady who has a daughter, a physician in Boston. Then I have a lady in California to whom I send medicine, and the lady I mentioned in Switzerland.

I spoke of my appreciation of the progress of surgery. I do not hold this up as a cure-all. I do know that it has done some wonderful things, for which my patients are so grateful they do not know how to express themselves, and I bring it before this Association and ask if you have any such cases to try it. I do not believe it is a cure-all, but you will be astonished at what it will do if it does the same for you as it has done for me.

DR. HELBING: Will the specific lobelia answer the purpose?

DR. PERRINS: Yes.

MENTO-ANTERIOR POSITION.

H. H. HELBING, M.D., ST. LOUIS, MO.

, This position is comparatively rare in general practice, and as I have had two cases, I thought we might glean some knowledge by a report of them. We will not take up the time by going into details of causes, diagnosis, etc., for we can obtain this information from our text-books.

The first case was one under the care of Dr. Stephens, who, seeing that he would be unable to deliver the woman alone, called me. The patient was twenty-three years of age and a primipara. The head had not engaged, so after consultation we concluded that we must either convert it into an occiput position or perform podalic version. Both Dr. Stephens and myself attempted to turn the head and push the chin down, making it a L. O. A. position, but we failed. The woman had been in labor for several hours, so we concluded that we had better perform podalic version and deliver her as soon as possible. This was accomplished in the course of twenty minutes, completing the delivery of the baby in the dorso-anterior position. The child was asphyxiated, but was revived after about fifteen minutes' work, but only lived two or three days. The mother made a normal recovery.

The second case was comparatively easy. She was a multipara under the care of Dr. Tracewell, who, finding the position existing and the labor non-progressive, called me to apply forceps. This was a left mento-anterior, and was engaged in the inferior strait. Had apparently become wedged and had made no progress for two hours. The forceps were easily applied, and after ordinary traction the woman was delivered. Both mother and child did well.

EXPERIENCE IN OBSTETRICS.

P. L. JONES, LENEXA, KAN.

There is only one way possible for one to learn obstetrics, and that is by actual experience. True, we all thought we knew something of the subject when we had finished with the lectures, and had demonstrated the mechanism of some particular position to our entire satisfaction, feeling as if we were capable of handling any and all cases as they would come, and the

confidence we had in ourselves was unbounded. But, alas! how soon were we to learn how little we really did know, and how small was our working knowledge of the subject. We all can look back to our first cases which we had alone. Some no doubt were hard, and possibly were your worst cases, while others happened to be, and perhaps fortunately, too, were easy. My own were easy. The first two were born before I arrived, so all I really had to do was to cut the cord and deliver the placenta; so I almost felt like an old hand at the business before I had actually begun. About all I learned from these two cases was that nature would do wonders if left alone. That knowledge alone has been a world of use to me since; so I feel as if my late arrival did not lose me anything.

During the first year or so few of you escaped the experience that comes with a general practice. You all remember some particular case; you had been up all night, and had run out of excuses in answer to "Why didn't it come?" and "What seems to be the matter, doctor?" You had wished a hundred times you were well out of it and home in bed, when the husband, or perhaps the mother suggested they call another doctor to help you. Happy thought, of course; if they wanted him it would be all right with you; and with what relief you welcomed his coming, and how glad you felt when he applied the instruments, delivering the head and the labor terminated in a short time afterwards. Then, again, when labor was prolonged, and tedious, you were tired out with worry, and thinking it was another of the worst kind of cases, beginning to let your imagination carry you off, and, getting desperate, when all at once it dawned on you that the head was advancing, and you realized that nature was taking care of the case for you, and before long you welcomed the baby into the world. How good you felt as you rode home through the cool morning air, tired but happy, thanking heaven it was over, and to know that your worry was all in vain. But those were the times when we were young in obstetrics. Since then experience has taught us when not to worry, for now we know which is which almost from the first. We recognize in a comparatively short time the case that will need our help and the one that we can safely leave to nature.

I think the one greatest fact that experience has taught me is to give nature a chance, and I have found that while it is longer, and you will have to spend more time with your patient, you will feel well paid for waiting.

I have read from some paper that only the lazy doctor has any business in obstetrics. This is true in one sense, but I think the waiting doctor would be better, for when action is necessary the lazy doctor has no business there. When action is needed it is needed bad, and one should know how and when to act. Often one is in the country, miles from another doctor, with inexperienced help, with the surroundings anything but what they should be. I am sure that at such times such work as using instruments, mending a lacerated perineum, delivering an adherent placenta, performing version and many other conditions, which need the attention of the best as well as the experience, would be more than the lazy doctor would rightly do, and no easy work at the best.

But going back to nature, I am satisfied that many women are injured by the over-zealous doctor, by the one who has not the time to wait. I remember a case in my own practice: Primipara: was called to her on Wednesday night, found labor started, pains hard, but os was rigid and undilated; head presented. I waited for four or five hours, the condition at the end of that time being unchanged. I left and saw the patient in the morning and again that night, but found matters about the same. The os remained rigid and slow in dilating, in spite of the fact that I gave her gelsemium to no effect. Thus labor progressed until Saturday night. She had a strong physique, and labor was not worrying her much, although the pains were strong and coming every few minutes, so I did not see fit to interfere up to that time. The cervix felt like a hard, thin band, about the size of a silver dollar. I then gave chloroform and dilated manually. I did this twice, two hours apart, and about 6 A.M. Sunday a dead baby was born, which from appearances had been dead for a week or ten days. Perhaps instruments may have given relief sooner, but I am satisfied that the time saved would have been at the expense of a lacerated perineum or cervix. As it was no tear was made and recovery was normal. Nature with a little help took care of this case very nicely—better, I think, than the hurry-up doctor would have done.

In reviewing my record of six years, with my share of cases, I find I have only used instruments in five cases; that the one remedy that stands out in front of all the rest is chloroform. I have found no end to the good that can be accomplished with this alone, not by lessening the pain only, but by the relaxation it is capable of producing. It constitutes a study in itself. I have found its action varied. Given to increase and strengthen the contractions, a few whiffs at the beginning of each pain will be sufficient.

I remember two cases, as I review them in my mind: The occiput seemed to be lodged against the pubic bones, the pains coming with such force and in such quick succession as to give it no chance to correct the position. This condition was unchanged for perhaps an hour, when I put the patient completely under the influence of chloroform. The relaxation caused the head to drop back, adjust itself, and the child was born with the next few pains. True, there are patients who cannot take chloroform, so it is well to always make it a rule to ascertain whether or not she has taken it before and what effect it had. Its action should be closely watched for the first few pains. Not long since I gave it to a patient near the end of the second stage of labor, and it affected the heart to such an extent that I thought it advisable to discontinue its use. Upon inquiry I learned it had the same effect during her first labor, this being her second.

Among the other remedies which I use in obstetrics are whiskey, quinine, ergot, macrotys, gelsemium and lobelia. Whiskey is a good stimulant, and will increase the pains. Quinine I use to improve and bring on the pains, but several times afterwards I have had trouble in removing the placenta. Whether this was due to the quinine or not I do not know, but I have not had that trouble since.

I give ergot, one teaspoonful, after the child is born and before I cut the cord. This, I think, is good, for it increases the contractions to deliver the placenta, and helps to prevent post-partum hemorrhage.

Macrotys, gelsemium and lobelia are good when indicated, but these will sometimes fail, even when all the indications seem to be present.

I always make it a rule to take the pulse-rate and temperature, feel the uterus, ask about the flow, and leave a prescription of macrotys, ergot and echinacea, the last thing before leaving the patient.

I have attended women in almost every conceivable condition, as a country practitioner will find it his lot to meet, and have never had a case of septic infection, post-partum hemorrhage nor convulsions. True, it may be luck, but I try to take every means at my command to be clean. I thoroughly scrub with nail-brush, and rinse my hands in bichloride solution afterwards. I never use the Kelly pad, but would far rather have pads prepared from newspapers covered with clean muslin, with several sheets and clean, soft cloths. I seldom use water on the baby when first born, but have it greased with good, clean lard, which is wiped off and parts well powdered, to be washed next day.

In referring to my record I find that most of my cases for one month has occurred in March, and the least in October.

GELSEMIUM.

E. H. Marsh, M.D., Mansfield Center, Conn.

Gelsemium is a remedy that cannot well be absent from the medicine case, as it is one of the very best remedies at our command. According to Prof. J. M. Scudder, it is especially the child's remedy, but it is equally good for adults when indicated. I find that in the aged it is to be avoided in large doses. The old indications for it are all right, *i.e.*, flushed face, bright eyes, contracted pupils, throbbing carotids, for which give saturated tincture of the green root, gtt. xx every two hours, in adults, until relieved.

Now there are indications in the pulse, where I use it even if the pupils are somewhat dilated. When there is tension of the pulse, when it feels like a tense violin string under the finger, high nerve tension, gelsemium relaxes enough to relieve the tension, quieting the nerves. In cases where others have given powerful tonics, as quinia, strychnia and iron, when contraindicated, it relieves the condition produced by such remedies, even if the face is not flushed. In any case with the above indications this is a remedy to be thought of. I have never used it in gtt. v to x, water four oz., teaspoonful every one or two hours, so should hardly know what to expect it would do.

Gelsemium grows in the South, and the tincture should always be made from the green root in order to be efficient.

DISPLACEMENTS OF THE UTERUS.

H. H. Helbing, M.D., St. Louis, Mo.

There has been a great deal of controversy over the method of correcting displacements of the uterus and retaining it in its normal position. A few years since Kelly's operation of ventro-suspension was in vogue, but it seems to have proven unsuccessful. Three or four years ago I operated on a series of cases of retrodeviation of the uterus during pregnancy, and at the time was much interested to know the effect it would have upon parturition, as the principal objection to the method was its effect upon gestation and parturition. I will report two cases briefly, because I reported them extensively to the Illinois Society shortly after their occurrence. Suffice it to say that both cases went on to full term and were delivered with forceps after a tedious labor. In one case the baby lived, but in the other the baby died shortly after birth. I want to report in connection with this the experience of some surgeons who do more extensive work than I do, that we may be able to draw conclusions that are more nearly correct.

From the *American Journal of Obstetrics* I glean the following. Dr. Edwin B. Cragin, of New York, read a paper on this subject, in which he spoke of two varieties of attachment of the fundus to the abdominal wall. The following are the salient points of his conclusions: The two methods of attachment are, one a fixation, the other a suspension. It is the latter only that concerns us. Assuming that we all understand what a suspension is, he says: "The object of this operation is the formation of a suspensory band or bands which will allow mobility of the uterus, but not retroversion of it. The anatomical results of pregnancy in a uterus firmly fixed to the anterior abdominal wall are fairly uniform. The object of this paper is to call attention to the fact that a ventro-suspension is not a safe operation during the child-bearing age, for the reason that an intended ventro-suspension may become a fixation in one or other of the following ways: (1) The area of adhesion between uterine fundus and abdominal wall may be broader than expected, and the resulting band be too firm to allow uterine mobility. (2) Infection of the abdominal wound may fix the fundus and anterior uterine wall firmly to the abdominal wall. (3) A ventro-suspension which allows normal delivery in the first pregnancy following operation may subsequently become a ventrofixation and produce dystocia so marked as positively to indicate Cæsarean section in the second post operative pregnancy."

This last statement did not hold good in a case that I had. One of the cases upon whom I had operated during pregnancy, the one in which the baby died shortly after birth, has gone through her second pregnancy, which terminated the seventh month in a normal and speedy manner, the child being now eight months old and perfectly healthy.

Not only were there objections to this method because of its interference with gestation and parturition, but because of danger of intraperitoneal hernia through the bands that are formed after healing has occurred. Al-

like Banquo's ghost, they will not down. I have had extensive experience in this interminable uterine deviation, and I know this, that where I have tied them up they did not come back to make me any more trouble. A great many of these cases can be overcome by dilatation and suspending, really carrying back into the opposite extreme, and if you can get your patient on good behavior and care long enough previously, you will accomplish satisfactory results in a majority of cases; but there are some cases that cannot be cured permanently only by tying them up. I have dilated and curetted, but in a short time the fundus would be back in the old position. The question of fixation is a very interesting one, and one that we need to think about, and we are constantly hoping that someone will devise a method that will be permanent and that will result in no harm to the patient.

Dr Hagen: The normal position of the uterus is not only maintained by the round ligament, but by the integument of the perineum—the broad ligament. There is no doubt but that ventral fixation has seen its day, and this shortening of the ligament will see its day; but to-day it is the operation, and where you have an old case, where the uterus is sort of wobbly, that case will not stay up by curetting, you must give it some support. I want to say that I believe to-day the shortening of the round ligament is probably the best method of treatment we have.

Dr. Wm. L. Heeve: I believe the experience of years has taught me one lesson—that the operation for shortening the round ligament produces atrophy. I must admit that this condition is the bugbear of the gynecologist, and for the present the shortening of the round ligament seems to give us the best results, but it is by no means curative. I think there is too much meddling with the round ligament at the present day. It simply gives temporary results, that is all.

Dr. Helbing: My essay was looking for light. Some of these gentlemen have said that it is a mistake to shorten the round ligament, but they have left us in the dark and have not given us anything better. Until they do so, we will have to continue to shorten the round ligament. The cases I usually get are the cases that have been curetted and dilated and have had the best medical treatment, and still have had no relief. So what are we to do? We cannot go on with that same treatment. If we go to curetting and douching, they will not stay with us long enough. We must do something radical or we will lose the case.

JAUNDICE.

Joseph D. McCann, Monticello, Ind.

In the Section of Pediatrics I was assigned by the chairman the subject of jaundice., Now, while I take it this is not a disease of serious moment, yet it is one that will disturb the physical condition of the child and the mental condition of the mother.

The modern doctor who is inclined to be Frenchy will designate the disease as icterus. The disease may be one of very early childhood, cases having been reported at birth where the mother had been jaundiced.

Icterus neonatorum is probably more often met with than at any other time in childhood. The causes may be several. One theory is that the ductus venosus may remain open for some time after birth, thereby allow-

ing a part of the portal blood containing bile to pass into the general circulation. It may be that the bile ducts are occluded or absent entirely.

The yellow color that is due to obstruction or obliteration of the biliary passages may appear a few hours after birth and increase very rapidly. A syphilitic child often shows in an aggravated form the symptoms of the jaundiced child.

In true jaundice the conjunctiva is first noticeable by reason of its yellow color, then the icteric tint in the urine is very marked, finally the face and possibly the whole body is a deep yellowish hue. Often the liver and spleen are enlarged. If the bowels are not moved freely, vomiting occurs, with the nature of which we are all familiar.

In rare instances worms have found their way from the intestinal canal into the biliary ducts and produced grave or fatal symptoms.

The treatment of the "yellow baby," *par excellence,* is sp. med. chionanthus. The "old woman" of the neighborhood, with her many good qualities, will no doubt suggest saffron, and it might do the work, but chionanthus will cure and clean up the skin of any case of jaundice that is curable sooner than any other remedy I have tried.

If there is an anatomical condition or obstruction, medicine will not work, and the case goes on, and within a few days succumbs. In our rural practice, where we keep close to nature, we seldom have these extreme cases, so chionanthus will be the dependable remedy for jaundice.

REMARKS ABOUT HYSTERIA.

Benjamin L. Simmons, M.D., Granville, Tenn.

Hysteria, considered a functional nerve lesion, "hums to the tune" of many a freak. Being a functional nerve disease, the subject and its environments conduce to the stigma of this affection.

In the very beginning of this short paper, I would suggest that the unscrupulous or ignorant doctor has so many times said "nothing but hysterics," until, in the minds of many people, the thought has been established that hysterics is the synonym of "not anything the matter," or ridicule of the sick one, or a stigma upon her good name.

You know, dear reader, that in this world of ours there are two sorts of ignorance. Every responsible human being is the victim of the one or the other. The one is ignorance realized, the other is ignorance unrealized. That exegesis is hardly correct, for unrealized ignorance could be honest, unassuming ignorance; so I will classify the situation as realized ignorance, and hence unassuming ignorance, and *presumptive ignorance,* which assumes to know more about the other fellow's business or profession, in the absence of training, than the man of years of training in that line.

In view, therefore, of that condition of society and its intelligence, it is well to be careful in pronouncing a case of hysteria. For instance, doctors know that hysteria is a functional nerve lesion, common from the age

of eleven to twenty, although it may affect in rare instance any age of life, and is not necessarily confined to females, males being sometimes affected with it.

Be careful, however, in pronouncing to the wise old knowing one, the "jay" tutored by the unlearned and unscrupulous doctor, that his daughter of eleven or fourteen summers has hysteria. You might go down in his estimation to the freezing point, if not to zero. Lurking dangers, therefore, are along the travels of doctors as well as enticing sins are along the travels of preachers of the gospel.

But hysteria exists, nevertheless, and its protean manifestations are often puzzling to even the time-worn and painstaking physician.

Right here I wish to conclude this paper by a report of a case of hysterical anuria. You know, as a rule, the hysteric has an excess of urine, a free flow, but there are cases of anuria. Charcot reported a case of eleven days' duration. Bailey reported a case of fifty-two days' duration. The writer can truthfully report a case of hysterical anuria of fifteen days' duration. It was not uncommon for this case to go from three to five days, and sometimes even seven, without urinating. The case came into his hands second-handed. The previous attendants having pronounced the case Bright's disease and various other serious lesions, had excited both family and patient. This case first came under observation in 1908, and since then at different times.

This case is mentioned because of its infrequency in practice, and further to stimulate investigation along the line of the immunity from danger by anuria in the hysteric patient. Why is it that hysterical anuria does not produce death, when under other states death rapidly ends the scene? The writer of this does not question the case of Dr. Bailey, because the forces that prevented danger to Charcot's case for eleven days and to his for fifteen days, certainly could prevent danger to Bailey's patient for fifty-two days. If not, why not?

The question to be answered is: Why is this anuria so harmless, when anuria from other sources is so destructive of life?

THE PHILOSOPHY OF ORIFICIAL SURGERY..

B. E. Dawson, M.D., Kansas City, Mo.

The thoughts herein presented are reflections and deductions gathered from other cerebral emanations. I claim but little or no originality. I have simply added up the figures arranged by other thinkers. I have taken the alphabet evolved by other investigators and spelled out some of the words. I reproduce some of the problems worked out by other minds.

Notwithstanding the fact that the sympathetic nerve in the drama of bodily life is very conspicuous on the stage, and appears in almost every scene and act, yet it has been sadly neglected in our system of therapeutics. The cerebro-spinal system is so much in evidence that it seems to the cas-

ual observer to do all the business of the nervous system. We hear the clock strike, and read the time pointed out by its hands, without giving a thought to the delicate machinery, consisting of wheels, cogs and springs within. The cerebro-spinal may, as the father of the father of the family, bluster about in the business world through the day to provide food and clothing; but the sympathetic, as the mother, shut up in the home, is always busy, cooking, mending, washing, soothing woes, picking out splinters and tieing up cuts. It reminds us of the couplet, "Man works from sun to sun, but woman's work is never done." The latter statement of this is literally true; the sympathetic never rests, never sleeps. It is the first part of the body to be born and the last part to die, while between these two periods there is unceasing work. Not so with the cerebro-spinal; it can play lazy, rest and sleep, and lounge twenty hours out of the twenty-four. The sympathetic is the stream, the dynamic force, that runs every organ in the body. It presides over and controls all the body machinery. Sensation, peristalsis, secretion, absorption, nutrition, ovulation, menstruation, conception, gestation and parturition are all executed in obedience to the command of the sympathetic.

The entire body commerce is carried on through the tubes of the body. Gases, liquids and solids are taken into the body, conducted through these tubes to their destination; all waste material eliminated through these tubes by vermicular motion or peristalsis, and the sympathetic supplies the steam to produce this motion. The efferent nerves of the sympathetic system are distributed to the involuntary muscular fibres throughout the body. These non-striated muscular fibers are arranged in layers which form one of the coats of every tube in the body—blood-vessels, digestive and respiratory, and the ducts of every glandular structure. The sympathetic nerve also supplies the entire sexual apparatus of both sexes. The relations thus established between the various parts of the body are very close and delicate, so that a disordered function in one part can disarrange the harmonious action in any or all other parts.

Rhythm is the law that governs the physiological function of the sympathetic nerve. This peculiar rhythmical phenomenon is possessed only by the ganglia of the vasomotor nerves. The rhythmic function is preeminently true with those organs intimately connected with the abdominal brain. The heart goes through this rhythm with a steady, sober, regular movement. The liver also has its functional rhythm. When the portal vein brings new food, the cells of the liver begin to swell, manufacturing bile, glycogen and urea. The monthly rhythm of the uterus and oviducts is a good illustration. The entire alimentary canal has its rhythm of peristalsis and digestive secretions. When food leaves the paternal provider, it is passed by his hand of deglutition into the esophageal hand of the maternal housekeeper, and is then propelled from mouth to anus by this rhythmic motion. All the digestive products that join this food, at the various stations, are forwarded by muscular contractions. The urine that trickles from the pelvis of the kidney to its escape from the meatus; all saliva that flows from the mouth;

every drop of sweat that appears on the surface of the body; and all the oil that anoints the shaft of a hair, are all accomplished by rhythmic action.

When the regular even swing of the clock pendulum is disturbed, the hands fail to measure time accurately; when the regular rhythmic stroke of the engine is unbalanced, its utility is curtailed, and there is undue wear and tear of the machinery. This is also true of the rhythmic function of the abdominal and thoracic viscera. When we remember that the abdominal brain is the instrument of vascular and visceral function; that it presides over organic life; that it is an automatic nerve center, a physiologic and anatomic brain; that it has afferent, or contributing, and efferent, or distributing nerves; and that it receives, reorganizes, and emits nerve forces, we can readily see how, even a little pathologic physiology, can cross the wires, distort the messages, and disturb the regular normal rhythm.

With this brief outline of the sympathetic, we can better interpret the reflex messages, or the language of pain. We can now often read the message as coming from a station remote from where it is received. Guided by this beacon light we can frequently trace the cause of nausea or vomiting to irritation in the uterus or ovaries, from whence it travels up the hypogastric and ovarian plexuses to the abdominal brain, where it is reorganized and emitted along the gastric plexus to the automatic gastric ganglia, or Auerbach's plexus. Just before writing the last few sentences of this paper I was called to see a girl who had been vomiting for several hours, and readily traced the cause over the same route to the appendix, where I found an acute inflammation. From the abdominal brain this irritation received from a diseased pelvis will be emitted along the line of least resistance. It may go to the liver, deranging its rhythmic function, and disturbing the normal formation of glycogen, bile and urea. Or the reflected irritation may go along the great splanchnics to the cervical ganglia, and then direct to the heart; or from the splanchnics it may go to the pneumogastrics and to the heart. In this case this steady, sober, industrious workman often becomes unduly excited and strikes rapidly the cardiac gong of alarm, even in the physiological disturbance of the expected family rows of gestation and the menopause. Again, this reflexed irritation, traveling along the line of least resistance, may go to any one or more of the abdominal or thoracic organs, destroying the harmony and creating discord in this marvelous visceral orchestra. Every practitioner of experience soon learns to look for cold extremities in women with disease of the generative organs. The reorganized nerve force, from pelvic irritation, is sent out over the pneumogastrics to the vasomotor center in the medulla, and from there over the whole body, blanching the skin and cooling the hands and feet.

Under ordinary circumstances no act of volition or of the mind can induce movements in parts presided over by the sympathetic; but under extraordinary conditions movements are induced. The emotions can retard or accelerate the heart's action, flush or blanche the capillaries, explained by the connection of the sympathetic with the nerves coming from the brain.

Irritation of the sympathetic ganglia will also cause movements in parts receiving filaments from them. Cerebro-spinal filaments passing through the ganglia are constantly though insensibly operating upon non-involuntary muscular parts. Thus the ganglia are nervous centers of numerous reflex acts in non-voluntary muscles.

It now becomes evident how the sympathetic presides over the secretory and nutrient functions. Sir Wm. Brodie demonstrated more than half a century since that division of the crural and sciatic nerves neither retarded nor impaired wounds and fractures of the inferior extremities, while injury to the large sympathetic ganglia caused the most disastrous effects. Dentition in infants gives examples of excito-secretory and excito-nutrient actions. From irritation of the dental branch of the fifth, the eye and Schneiderian membrane become congested and secretions increased. This irritation, following the splanchnics to the intestines, produces diarrhea as one of the most common symptoms. The secretion of starch from the liver and its ready transformation into sugar is influenced by irritation of the lungs and by direct injury to the pneumogastric, through the sympathetic branches of the celiac and solar plexuses going to the liver.

With the above brief outline of the sympathetic system, we are ready to advance another step and see if there is not some way to get our hands on the throttle that regulates this marvelous motor. I wish now to call your attention to the lower openings of the body, which are guarded by two sphincter muscles, an upper and lower. The upper one in each is composed of involuntary muscular fibers, therefore supplied by the sympathetic nerve, while the lower is under the control of the cerebro-spinal.

Continued unremitting contraction of any muscle, if excessive, is exhausting on the nervous system. We could stand on our feet for twelve hours or more, if permitted to change position often as in walking, with no undue fatigue, but are wholly unable to stand motionless for one hour. Tonic spasm of involuntary muscular fibers is equally disastrous, though the signs of fatigue on their part are indicated by functional disorders.

The irritation of an organ begins at its mouth. The mouth of an organ, then, is the part most likely affected; therefore, it is guarded by sphincter muscles, whose nature it is to contract in response to any form of irritation. If this contraction is temporary, as in the discharge of ordinary function, there is no bad effect; but if continued, it is exhausting. Standing on these premises I am now ready to lay down this proposition: We should look for, and expect to find, more or less irritation of the rectum, or the orifices of the sexual system, or of both, in all pathological conditions which linger persistently in spite of all efforts at removal.

A nerve-waste caused by irritations at the lower openings of the body may be a predisposing cause of any form of chronic disease. These irritations induce a rigidity of the sphincters that steadily drains the nervous power that supplies them. Here comes in the law of reflex irritation, which is of more common occurrence than is generally recognized. Often the patient is left wholly unconscious of orificial irritation, and no amount of

questioning can elicit symptoms of local lesion. The physician may thus be thrown off his guard and omit the most essential examination.

When a man is anesthetized, a hand or foot may be amputated, a pleural or peritoneal cavity opened, or any major surgical operation performed, with little effect upon the depth of inspiration or action of the heart, except when so severe as to threaten the extinction of life; but the dilatation of the involuntary circular fibers will always produce more or less effect on respiration and the heart's action. While under an anesthetic you may dilate the upper openings—eye, ear, mouth or nostrils to the extreme of rupture with no result on these functions. Why the difference? You are not disturbing the sympathetic. Dilate the external sphincter of the anus and your patient sleeps on, but insert your thumbs or the speculum far enough to dilate the internal and observe the prompt response in heart and lungs to the message sent through the sympathetic. Continue the dilatation by spasmodic action and watch the results. The capillaries become flushed, the hands and feet will become warm, though they may have been cold for months, the face will glow with new blood, the pulse will have more volume and more force. New building material is carried to places needing repair, and effete matter carted out. Congestion is relieved, as can be seen with the naked eye, if on the surface of the body where it is subject to inspection.

By removing pathology and nerve impingement in these lower openings I believe we have a leverage that can be used with great therapeutic potency, as illustrated by the following cases.

Case I.—Several years since, with only a few faint rays of the above truths to guide me, a business man applied to me for relief of the "itch." He said that another physician had prescribed but with no relief; that he put in his nights scratching. There was no skin lesions of any kind, save marks of finger nails. I decided at once that his "itch" was reflex, and I must look elsewhere for the cause. I went over and through him with a searchlight with negative results. He stated that he had been troubled with piles. I then examined his rectum and found an exceedingly tight and tender sphincter. The introduction of my finger tip into the internal sphincter caused him to cry out with pain. I gradually dilated all he could bear without an anesthetic. This was in the evening; I gave him no medicine. He informed me that he slept like a babe all through the night. I repeated the treatment every other evening for a short time and completely cured his "itch." This case stirred up my gray matter, and I ventured still further into this new field, saw new light and gathered many golden sheaves.

Case II.—A boy twelve years of age, had suffered with periodic attacks of gastralgia and enteralgia for more than four years. He was pallid, anemic, with generally bad appearance. I found his anal sphincters very rigid and tender. Also found a long, contracted prepuce. He was chloroformed, circumcised, and sphincters stretched, with marvelous results. The boy was simply transformed into a new being. He lost his listless, lifeless manner; his cheeks assumed a rosy hue; he gained flesh and vigor and was relieved of his abdominal pains. Of course he was given the indicated remedies following orificial work.

Case III.—Girl, fifteen years of age, was brought to me from another part of the State for treatment of leg ulcers, which had afflicted her for several years. She had been treated by a number of practicians, but all

efforts had failed to heal the ulcers. She was anemic, poorly developed, and had never menstruated. Subjective examination was negative, so far as revealing the cause. No history of sexual or rectal trouble, not even constipation. Standing on past experience, and in the light of my investigations, I boldly stated that she had some trouble with the rectum, sexual organs, or both. An examination revealed a rather tight sphincter with a few papillæ and pockets along the line of the upper boundary of the internal sphincter. I also discovered a vegetative neoplasm of cauliflower appearance protruding from the vaginal introitus. It was about one inch in diameter and attached to the anterior wall of the vagina. I also observed that the hood of the clitoris was abnormally long, adherent and enveloped considerable quantity of smegma. I dilated the sphincters, trimmed out the pockets and papillæ, removed the neoplasm, circumcised and broke up the adhesions. In a short time she menstruated and the ulcers healed, with general improvement.

Can you see the philosophy of this therapeutic measure? Relieving the impingement of the nerves of the lower openings, opened the throttle and gave more power to all the machinery, sending a better blood stream, laden with building material to do the needed repair, and bringing away funeral trains of dead matter to be eliminated through emunctories with increased function.

Case IV.—Young lady, aged twenty, dementia. This young lady had in a few months' time passed from a bright, beautiful girl to an emaciated, haggard-looking woman, a physical and mental wreck. I was called in and found impingement of nerve terminals in the rectum and sexual organs and advised an operation for their release. This was denied and she was sent to the city and placed under the care of a specialist. The two physicians in attendance had diagnosed the case softening of the brain, and ridiculed my idea of finding the cause in the basement. In about three months she was brought home in a far worse condition than ever. I was then urged to take the case and did so under much protest, giving little hope of her recovery. I dilated the sphincters, removed papillæ and pockets, dilated the vagina and cervix, packed the uterus with gauze and circumcised the hood of the clitoris. These were all in a pinched, squeezed-up condition. The uterus was poorly developed, small and hard, like a pipestem. Years ago Dr. Lee showed by dissections that there is great development in the ganglionic system of nerves in the pregnant uterus. For this reason I packed this organ with gauze—gave her a rag baby. In a few months she had gained about sixty pounds, had a rosy, healthy appearance, good appetite, bowels regular, sleeps well, and her mental faculties back to their normal state. For months previous to the operation her mind was entirely gone.

Yes, I used other therapeutic means, but only as aids. She never would have recovered, with those nerves impinged as they were.

DISCUSSION.

Dr. E. B. Shewman: I do not wish to monoplize this floor, but I do not know whether this paper is on sympathetic surgery or cerebral surgery. He drew a hard and sharp line between the sympathetic and cerebral nervous systems, where, as a matter of fact, there is only an arbitrary division. I almost came to the conclusion that it was not necessary to have a cerebral system, that the sympathetic is doing it all. But you will find that they work together, and we have only one nervous system.

Dr. W. E. Kinnett (Peoria, Ill.): I cannot add anything in particular to this paper, because most of the points are covered. I might object to some of the things in the paper, but in the main it is a good paper.

What I wish to speak of is the following up after this work. We fail

in many, many cases because we do not follow it up properly. Many cases get as bad as ever for that reason. It is almost as necessary to do this follow up work as to do the work in the first place. It is difficult to say how much good this orificial work will do, but it will do many things that we cannot do with medicine. It will not cure by any manner of means if we have a tightened sphincter of the rectum or other orifice, but it accomplishes a work that cannot be done by medicine. This follow-up work should be done, however. If you do not, you will fail in many, many cases.

Dr Dawson: I do not claim it is a cure-all. Nature does the curing. The cures are made by suggestion, and whether it is by pulsatilla, aconite, or with the surgeon's knife, or by mental suggestion, it is on the suggestion of the ego, and the ego does the curing. This orificial work is the handmaiden of everything else. It removes the obstruction and lets nature do the work. It goes with any method, it does not interfere with any kind of therapy, but is the handmaiden of all.

ECLECTIC THERAPY.

S. B. Munn, M.D., Waterbury, Conn.

It is fortunate for us as Eclectics and for our patrons that we started on the right basis. Dr. Wooster Beach, the founder of the American practice of medicine, observed during his boyhood that several individuals who had undergone the usual medical treatment became hopelessly crippled for life. He came to the conclusion accordingly that the practice of medicine then in fashion and protected by penal laws was not founded on correct principles, but was actually a curse to the human race. He resolved, when a lad of twelve years old, to escape from this thralldom and to find a better and more certain mode of procedure. He was able in mature life to give that resolve its fuller development.

Having acquired the knowledge of herbal medicine and graduated from the Barclay Street Medical College in the city of New York, he had secured himself against the persecution and spoliation to which physicians called irregular were subjected. He then proceeded to take measures for bringing his new procedures into notice. A remarkable concurrence of events led to the adopting of the name "Eclectic." Rafinesque, a distinguished scientist, in his work on medical flora of North America, indicated three classes of practitioners, and names the Improvers, the Eclectics and the Experimentalists as being "rational medical men." The Improvers study nature and the human frame, write their observations and improve medical knowledge. The Eclectics are those, he adds, who subject and adopt in practice whatever is found beneficial, and who change their prescriptions according to emergencies, circumstances and acquired knowledge; while the Experimentalists are those, who are directed by experience and experiments, observations, dissections and facts. Some years later, a writer in the *Western Medical Reformer*, the organ of the Worthington Medical College, treated of the demand for "some great Eclectic," who should be able to separate the wheat hidden in the abounding chaff, and have the talent to combine, arrange

and systematize facts when arrived at, and to add the resources to be obtained from the vegetable kingdom and in other fields.

Wooster Beach was named by him as being to an incredible degree such a man. On another occasion, Dr. Beach was in company with the late Dr. Isaac J. Sperry, of Hartford, Conn., a Thomsonian, and each was warmly sustaining his own views, when Dr. Sperry exclaimed, in a somewhat disdainful manner, "You are an Eclectic." To this Dr. Beach replied: "You have given me the term that I wanted. I am an Eclectic."

In 1840, Dr. Cooke and others formed the Eclectic Botanic Medical Association of Pennsylvania, and declared themselves to be Eclectics and in favor of Dr. Beach and the American practice and of Worthington College. From these beginnings the name and school known as Eclectics originated, and after some twenty years the great body of medical reformers adopted the appellation. The practice of medicine legitimately includes all theories, procedures and regimen, which aim at the prevention, mitigation and removing of disease. The treatment of the sick with a view to recovery has engaged the anxious thought of the noblest men and women in every period of history.

Speculation on the one hand, and experimental application on the other, have been employed in the endeavor, sometimes with confidence, and sometimes with hesitation. Although much has been accomplished in the way of actual benefit, the results have not been sufficiently uniform to enable any plan or system to be put forth with assurance of certainty that it would not be speedily modified or superseded by another. Under such a condition of the case, the question is asked, which forms the basis of the present essay: "What is Eclecticism as relates to the Practice of Medicine?" It may be answered in very concise terms. It is the selecting of the agents, aliments, regimen and procedures, which are best adopted to the end of restoring health, and rejecting such as are useless, detrimental, and liable to inflict injury.

We encounter the plea, when giving this definition, that all classes of medical practitioners are Eclectics, and therefore the term is not sufficiently distinctive. It is of little use to reply to such quibbling. I notice whenever I am called in consultation with them I have a knowledge of their remedies, while they know very little of ours. They have books of their own school but not of ours, while our libraries represent all schools. Their field of choice is limited, while ours is unlimited. The fact that Eclectics discard noxious drugging, the use of the lancet and other procedures included in the same category, is enough to entitle them to the appellation. If others copy after them, adopting their remedies and procedures, but carefully shunning to be enumerated with them, it affords no argument against the term.

Before the Eclectic practice was formally established it used to be affirmed that no innovation or improvement was necessary. Two thousand years had nearly passed with little else than the addition of mercury, antimony and arsenic to the armamentarium. A physician in the legislature of the State of Ohio, in 1845, when opposing the bill to incorporate the Eclec-

tic Medical Institute, made the assertion explicitly, that medical science does not need nor is it susceptible of further improvement or reform. Such was the prevailing sentiment from Maine to Texas. If there has been a change in the sixty succeeding years, it is to be ascribed to the contact with medical Eclecticism. Since the repeal of the medical statutes of the earlier years of the century, it is certain that the public have been greatly benefited. There has been a marked increase in the average length of life. The medical publications have become a hundred times as numerous. The medical colleges hold longer terms of study and require more years of attendance. Surgery has become more skillful, and, unfortunately, more frequent. Diseases that were formerly incurable, or followed by others induced by medication, are now more tractable by virtue of a more rational treatment. And it will be found on critical inquiry, that where these benefits have occurred, there has been a departure from the former methods of treatment, and an adopting or at least approximating to that of the Eclectics. This has been abundantly demonstrated within the limited province of our own experience and observation. Whenever the methods and remedies introduced and employed by Eclectic physicians have been adopted, they have mitigated the suffering and severity of diseases, shortened the term of duration and affected an increased percentage of recoveries. We would be glad of the opportunity to submit this to a test, when everybody will be able to perceive the fact. We propose accordingly that the certificate of death, which physicians are required to give, shall henceforth be so worded that they shall state the time the person was under medical treatment, and the school of medical practice to which the attending physician belongs.

And right here let me call attention to a matter which is directly in point. In our larger cities pneumonia often rages in winters with virulence and apparent intensity of an epidemic. The rate of mortality is from 25 per cent. to 40 per cent., and sometimes even greater. I may be excused for saying that in the active practice of fifty-three years among all classes of population I have not had over 2 per cent. of death from pneumonia and these were old people. I will also add that in the town in which I have been engaged in practice for forty-four years the mortality among my patients has been far less in proportion than the entire number of deaths in the community has been in proportion to the whole population. Yet I presume that what I am stating in regard to myself is equally true in the experience of the great body of Eclectic physicians over the entire country.

In addition to the requirements just proposed, I would further recommend, in order to have statistics on which we can rely, that every practitioner shall report annually his list of patients in numerical order, the disorder for which each has been treated, and the issue of such treatment. If laws must be enacted to regulate the practice of medicine and surgery, let us have such as really mean something, such as afford scrutiny into the ability and actual merit of the practitioners. The present expedient of Examining Boards is no stronger than a cobweb against quacks and inefficient pretenders, and, at the same time, they are and must inevitably be

always liable to be prostituted, if they have not been already, into political machines and conveniences for the extorting of blackmail.

But, in fact, the legislation that we now are having is nothing else than a return to the barbarism of ninety years ago and a throwing aside of the progress that has since been made. Now, let me say in conclusion, that Allopathy, Homeopathy with its two branches of biochism and specific medication, Botanic Medicine, Thomsonism, and the other array of isms and notions, none of them constitute Eclecticism. They have, each of them, a distinct and separate field of operation, exclusively their own, with its particular merits and all its shortcomings. I pay little heed to their elaborate theories, the high sounding but hardly intelligible technical language in which so many indulge. The greatest truths are the simplest and really great men use simple language.

Eclecticism is a school by itself, with its own ways and procedures. It makes choice of all that is good wherever it finds it, whether in other systems or outside of them, and rejects unjualifiedly all that is pernicious. The aim is to maintain vital forces, carefully refraining, as far as possible, from any treatment or medicine that may impair them. Its fundamental principle is perfect freedom, both of thought and action, conjoined with skill and knowledge. There are some who have graduated in medicine in institutions professing to be Eclectics, and who depend upon Eclectic procedures for their success, who seem desirous to drop the name. We cannot safely depend on such to uphold the cause. They surrender the outposts and open the way for a betraying of the whole fortress. It would not be long after the name of Eclectic shall be set aside before everything else would also be thrown. The Eclectic cause has suffered enough from such soldiers of fortune, from Charles Lee's and Benedict Arnold's, and men who are Eclectics not from principle but for what profit they can make by it. I may not myself come up to the standard, but I am not ashamed of the name that I have borne. I am not stooping, truckling, or trading to curry favor from men who scorn both our persons and our principles. Whether I am consistent, even though I fall short of the right line, I shall adhere to the doctrine and keep the faith. I am an Eclectic of the primitive stamp, and whatever others may say or do, let me always be known as an humble co-worker with men who made the Eclectic school, whose zeal maintained it, and who bore the burden, the reproach and the persecution which was launched against them. In plain English the motto of the Eclectics is, "Sustain the vital forces," while the poisoning of the blood with the matter of diseased animals impairs the vitality and renders the system less able to resist disease.

Uterine curettage has its chief indications in incomplete abortion, metrorrhagia as from submucous fibroids, inoperable carcinoma, etc. Its indiscriminate employment in chronic endometritis is to be condemned.—*American Journal of Surgery.*

DIAGNOSING AND TREATING SYMPTOMS.

CHARLES WOODWARD, M.D., CHICAGO, ILL.

The recognition of the blood as the etiology of almost all diseases manifesting symptoms will eliminate much that is uncertain in the practice of medicine. The determining of disease and the prescribing for indefinite symptoms will remain precarious so long as the symptom-producer is not first recognized; nor can it be denied that the condition of the blood is the symptom-producer in the majority of diseases. We know that the body consists of separate parts—the vital organs—and it would not be possible for any one of these organs to generate energy or manifest symptoms without utilizing the blood.

The Eclectics claim a better method for determining and relieving disease than other schools, and it is a just claim, proved by a comparison of statistics. But should merely better results satisfy us with the best diagnostic method known when many conditions still arise and exist which are difficult to determine by symptoms without first recognizing the blood as the symptom-producer? In making this suggestion I do not wish to be understood as detracting a single principle from our admirable ideas of symptoms, but merely as trying to strengthen the specific method and enabling practitioners to grasp and determine more accurately many quite puzzling conditions.

During the first five years of my medical practice, after leaving the Eclectic Medical Institute in 1879, I adhered closely to the specific method for determining conditions, ever keeping in mind the change of function and structure by the rule or measurement of excess, defect and perversion, and obtained good results. While it was easy to determine excess and defect, it was not so with perversion, as the diversity of opinion prevailed then as now regarding the etiology of diseases presenting local symptoms, those presenting symptoms of the blood, and others manifesting both conditions.

The blood is extremely sensitive and modifies its constituency by the addition of the mildest nutritive stimuli or atmospheric changes, but when subjected to toxemia or irritant nourishment for years many perversions will be difficult to determine or control unless the blood is recognized as the symptom-producer, in order to administer the indicated remedy. It may be claimed by some that a thorough knowledge of a physiological standard of health will enable a physician to determine perversion as easily as those cases of excess and defect, but the results obtained from practice prove that it is not a fact.

A large per cent. of illness might be determined as subacute, but previous to these attacks the majority of people show well-defined effects of perversion or a vitiated condition of the blood. These effects may be observed by one or more of the following symptoms: Obstructed circulation, malassimilation, deficient elimination, indigestion and irritation of the alimentary canal; hyperesthesia of the nerves, local impairment, marasmus

and plethoric conditions and impairment of physical energy. During a subacute attack another or additional set of symptoms is developed, namely: Excessive, weak or irregular pulse; subnormal or increased temperature; suspended digestion and evacuation; a dry, hot, or moist skin; flushed or pale countenance; bright or dull expression of the eyes with contracted or dilated pupils; local or general hyperemia; local irritation and spasmodic contractions; local or reflexed pain; excitation and nervous exhaustion.

A trained knowledge of the first set of symptoms enables the practitioner, when treating acute attacks, to grasp and determine with greater certainty the true condition of the blood and the extent of local and general perversion. The mild or intensified condition of the second set of symptoms determines whether a nutritive surplus is being decomposed in the blood or is infected with internal toxins or external agents. When these symptoms are present and medicated with the indicated alterative, antiseptics and evacuants, recoveries are of short duration.

The symptoms of the second set are always developed by the intensity of the symptom-producer, and are frequently controlled by the indicated remedy, but it requires much more time because of acting in a circuitous manner; as, for example, in a fever there is excess in circulation, in heat, and frequently in innervation, and there is a defect in digestion, assimilation and excretion. The direct or indirect sedative slows the pulse by stimulating or shocking the sympathetic nervous system, which sometimes induces diaphoresis, though frequently fails. The bath is then employed to assist the sedative in reducing the heat and restoring excretion. The usual method of improving and changing the blood by this slow and limited restoration of excretion induced by direct or indirect sedation requires a longer time and is predisposed to more failures than occur from prescribing alteratives and antiseptics.

The specific method of diagnosing and medicating with an indicated remedy is a wonderful improvement over the old method of nosology and indirect medication, although we still meet many conditions that are perplexing to determine. There is little difficulty in distinguishing the two sets of symptoms, however, as the first set is always present in chronic conditions and the latter is developed during subacute attacks as a result of the recently acquired intense condition of the blood.

The Eclectic practice will bear improvement at all times, and those of us who will recognize and prescribe for the former or more tangible symptoms can remove much uncertainty. Another especial benefit, without estimation as a life-saver, is the practice of intravenous medication for producing asepsis of the blood during the crisis of diseases at a time when absorption of the alimentary canal is suspended.

DISCUSSION.

Dr. John Perrins (Boston, Mass.): I have listened to this paper, Mr. President and friends, with a good deal of interest, because I am satisfied that the keynote of the writer is correct—that we have to get down to the

condition of the blood in order to understand the symptomatology of any disease. I simply wish to mention in connection with that one fact.

Some years ago at Washington the matter of the change in the blood was investigated and it was proven at that investigation that the perspiration taken from the surface of the body and examined showed this—that by the sensation of fear the perspiration was so changed that after having once learned what the change was that took place, that perspiration could be told from any other—that which was excreted under the influence of fear. The same applied to that excreted under the influence of joy, and so on. Now, if the excretions of perspiration can be so changed by the influence of the mind in fear, joy, pain, etc., what must be the change of the blood itself in order to produce these changes in the perspiration. To my mind this shows the importance of studying the condition of the blood and the various changes to which it is subjected by the different influences, whether from within or without.

Dr. Woodward: Adherence to this paper in examining patients leads to two things. One is that it proves a whole lot concerning the blood. When we come to treat the blood directly we get results that we never got before.

Another thing that this leads to is that there is scarcely any acute disease. I know of fifty neighbors around me and not one sick in twenty years. In another place I know fifty people and they are sick five or ten times in a year. You call them acute attacks; I call them sub-acute, because it is the blood that is affected; we use blood medicines, and get results at once.

Another thing is that it teaches a man to diagnose the majority of diseases without solicitation, and the advantage of that is that he can draw his conclusions from the pulse, from the tongue, and so determine the condition without asking questions.

Another thing that we as physicians are apt to overlook is the cause, and, in many cases, you will find it is the effect of food. The food marks itself on the man, and you can see the marks and are better able to handle the disease. That is what the paper teaches.

PLACENTA PREVIA.

G. A. Angus, M.D., Brighton, Col.

I do not mean that what I say in this paper shall be a criticism of any doctor in the management of his cases. For the doctor who is given to the stereotyped plan of treatment are not generally criticised, especially those who follow it closely, if they follow the latest authority. But is that the thing to do in all cases? I want to impress my hearers that I am bitterly opposed to routinism in practice.

I intend to use my judgment as to what is best in individual cases regardless of authority. This has always been my way and it has been so satisfactory to me that I shall continue to do so as long as I am in practice, so if I am condemned by others it won't deter me. Many patients lose their lives by physicians using stereotype treatment. We must use our brains in an independent manner if we are to succeed in such terrible instances as I am about to relate.

Five years ago I was called in consultation in a case of placenta previa. The patient was very weak. Each pain produced a hemorrhage that was

alarming. There was blood everywhere. The doctor looked like he had been in a slaughter house. He and all were in terror. I hastily made an examination. The head was in the superior strait. The os was dilated to about the size of a dollar and the placenta was emplanted squarely upon it At this time I was thinking about turning, forceps, immediate delivery, etc. Being impressed that she would die before this could be done, or as a result of the operation and the chloroform, I made up my mind to try another plan. I took cotton and saturated it with ice-water, then cleaned out the clots and packed the vagina with small pads. The result was that she had no more hemorrhages until the child was born. I went to my office near by; the other doctor went to his dinner, and, while he was there, the patient had a severe pain and child, placenta and cotton were all expelled. In a short time I was called and all were happy, but I noticed the patient looked very frail and exhausted, and, upon examination, found her having a post-partum hemorrhage. We had a struggle to save her but finally succeeded.

My treatment for other cases where there is alternate contractions and dilations is ice. Take a portion as large as a goose egg and insert it and it will cause a rigid womb in a few moments and it will remain so. It has no bad after-effect and will assure the patient from the stupor of chloroform and draw the blood to the extremities. It is, in fact, the indicated remedy in these cases. Do not be afraid to use it. Don't think of micro-organisms from impure ice. Save your patient and fight organisms afterwards, if necessary. You won't have to inject strychnine and nitro-glycerine and let your patient die before they have their effects. Ice is worth more in these particular cases than is a ton of such remedies. Of course, they have their uses, but you have no time to spare. Your patient's life is in your hands and you must act at once or you will fail. I have saved a number of patients' lives in this manner when I have been in practice in the country and where I had to depend upon my own resources. Talk about heroic treatment not being useful, as some writers persist in doing.

If you know what to do to save life, do it, and do not hesitate or quibble over it. The greatest victories in my life were those in which I dared to do heroic things. I have no patience with the man who keeps advising mild treatment. If mild treatment is best indicated for your patient, give it; but, if heroic treatment is best to save your patient's life, you are guilty if you do not use it.

"Think for thyself, one good thought, but known to be thine own,
Is better than ten thousand gleaned from fields by others sown."

MEASLES.

Z. T. Hawkins, M.D., Swayzee, Ind.

Measles is an acute, infectious, contagious disease, which presents when it pursues a typical course the following characteristics: After an incubation of from nine to twenty-one days, usually twelve, there is a gradual in-

vasion, marked by feverishness, coryza, suffusion of the eyes and dry cough, followed on the fourth day by a maculo-papular eruption, which appears first on the sides of the face and neck and slowly spreads over the body, continuing for four or five days when it slowly fades away, being followed by a slight desquamation frequently so fine and powder-like as to be imperceptible.

I am well aware that measles is regarded by many physicians and by the laity as being of little consequence, but the fact remains that we occasionally meet with a peculiar case, a distinct type, a malignant variety, or one which runs an irregular course and which presents certain phases that may seem puzzling to the practitioner.

Sometimes the catarrhal symptoms are absent, and the first indication we have of measles is the eruption in full bloom. Again, we may have all the early symptoms and the eruption fails to make its appearance. The usual variety needs but little if any medicine. External warmth, freedom from exposure, plenty of cold water internally with possibly a little aconite for the fever and drosera for the cough is about all that is necessary. It is the unusual case which needs our attention.

In February, 1910, I was called to see a case which I supposed to be measles. The patient was a little girl four years of age. Her sister had just recovered from a mild attack and I had no other idea but this was the same, as she had the usual early symptoms. I administered aconite, belladonna and asclepias, but the next day there was no eruption. Knowing that the eruption does not usually make its appearance for four or five days, I continued the above treatment but without favorable results.

To favor the eruption I then administered lobelia, and induced copious perspiration, but to no avail; the fever was gradually increasing and assuming a septic form. In fact, I decided that instead of measles I had a case of typhoid fever to contend with, and treated it as such. The tongue and breath were foul and skin of a dark purplish hue. I gave her baptisia and echinacea. I held the fever in check by sponge baths. As a further intestinal antiseptic I added sulphocarbolates, and in three weeks' time the fever was gone and the patient dismissed. In a day or two, however, I was called again and the child was literally covered with measles from head to foot. She made a complete recovery.

In February, 1911, one of my competitors was called to another four-year-old child. Just what her symptoms were at that time I do not know, but he pronounced it a case of typhoid fever. In three or four days, however, the fever disappeared and his visits were discontinued, although at this time an eruption had made its appearance on the face and arms. After a day or two the parents, realizing that the child was not improving, sent for me. The patient was at this time very drowsy, extremities cold, pupils dilated, no fever, and pulse slow. On making inquiry I ascertained that a year before the children had had an attack of measles, and that just one week previous to this time an older sister had an eruption resembling measles and which lasted for two days. I could see the eruption under the

skin on the patient's face and arms. Concluding that this was measles instead of typhoid I administered belladonna and baptisia, together with small doses of lobelia and applied external heat. The next day the eruption had reappeared on the face and arms, but still there was none on the body. Treatment was continued and bowels moved by an enema. Next day the patient was still drowsy, but at times inclined to be restless, gritted the teeth, and had convulsive movements of face, eyes and hands. Pulse was still slow, sixty-eight, and no fever. There being no further movements of the bowels I gave her small doses of podophyllin, phenolphthalein and santonine, followed by a dose of castor oil. For the nervousness I substituted for a time gelsemium for the belladonnn. The next day after a free movement of the bowels, the pulse was much stronger and the temperature 100°. That night she had a convulsion, after which she sank into a profound slumber from which she never aroused. Her temperature increased from day to day until it reached 104°. Pulse was rapid, tongue furred and bowels slightly tympanitic. She died on the eighth day after I first saw her. During her sickness Dr. Resoner was called in consultation and saw the child twice. One week after her death measles developed in another child in the same family. In this case the eruption was free and was followed by no bad results. There was at this time in the town and surrounding country an epidemic of rotheln or French measles, yet the eruption on these children more nearly resembled rubeola.

PUERPERAL ECLAMPSIA.

C. N. Wilson, M.D., Maysville, Ga.

On April 16, 1908, I was called to see Ola H., a large, stout and plethoric young negress who was said to be in her first confinement, and her father was the first to call. In a short time one of her brothers also called and stated that they wanted me at once. I then placed a pair of obstetrical forceps in my buggy and started. When I had driven one mile I met another brother who stated that they needed me bad. I drove up and when I had gone another mile I met the third brother who said hurry. I asked what seemed to be the matter. He said she was having some sort of spells, and every one she had looked like it would kill her. I at once thought of convulsions, and when I arrived they said she had had nine of those spells and they were getting harder all the time.

In a few minutes after I got in the house she had another, which made the tenth one she had had, and I had driven a distance of six miles in the country. I at once poured some chloroform on a small towel that was handed me and told an old darky woman to hold it to her nose to stop the convulsion while I prepared my forceps, and I never moved her as she was then lying on her back, but I eased myself up on the bed and introduced the forceps and soon delivered her of a very large boy child, with only a very few marks and bruises from the pressure of the forceps. The mother

continued, however, to have convulsions when the chloroform was taken away. I then gave six drops of Merrell's tincture of veratrum hypodermically and repeated the dose in thirty minutes. Also gave ten drops of fluid extract gelsemium with second dose. The patient was still unconscious with a pulse of 160 per minute, full and bounding. I repeated the veratrum but at longer intervals, and while the pulse came down to 130 per minute she continued to have convulsions. After she was cleansed and in good condition I gave another dose of veratrum and also bled about three pints of blood from the median basilic vein and finally controlled the convulsions, and I was there from 1 o'clock P.M. until 9:30 P.M., when I went home, leaving a dose consisting of fifteen grains of bromide of potash, ten grains chloral hydrate and one-fourth grain of morphia to be given should she show any signs of a return of the convulsions. When I returned next morning they reported she had some symptoms of a convulsion at midnight and they gave the dose and she only had a light one and slept the balance of the night. She was still unconscious and remained so until the second day after she was delivered.

I visited her every day for two days and every second day for four days when I dismissed her out of danger and she made a good recovery. I drew two quarts of urine from her bladder at the outset of the case, and one and one-half hours later drew three pints more. The medical treatment consisted of gelsemium, cimicifuga, echinacea, with a small amount of chlorate of potash, while the local treatment consisted of warm carbolized douches, twenty drops of carbolic acid to the quart of water. The bowels were kept freely open and only a fluid diet allowed.

LIBRADOL.

J. D. Dodge, M.D., Cleveland, O.

Libradol is one of John Uri Lloyd's greatest therapeutic productions. It is a very important fruit of his lifelong study of drugs. It naturally appeals to one's sense of the fitness of things, and in practice it fully justifies our faith.

I lately had an obstinate case of a greatly swollen submaxillary gland on a minister who was much distressed at not being able to fill his pulpit, and more anxious lest he should be obliged to miss important Easter day exercises. All treatment applied had failed utterly to soften and dispel the large indurated mass, and it was getting unpleasantly on his nerves. At this juncture I applied libradol, and over night it began to soften, and in two or three days it had entirely disappeared. The Reverend, highly delighted, assured me that I had made a home-run hit.

In a case of obstinate rheumatic pain in the shoulder libradol promptly dispelled the morbidity.

In a recent case of capillary bronchitis in which pneumonia strongly

threatened, one application of libradol alleviated the symptoms and recovery followed satisfactorily.

It is doubtful if there is any application equal in value to libradol for the chest in pneumonia. It is likewise valuable in asthma. It is always ready, convenient and effective. Libradol is a remedy for pain wherever located. It is a bright ray of sunshine to all therapeutic gloom.

If Professor Lloyd had never done anything else than to elaborate this valuable pharmaceutical product he would deserve a lasting monument and the grateful remembrance of all men.

Libradol is composed of Dracontium fœtidum, or skunk cabbage, minus the offensive volatile constituent; cephælis ipecacuanha, a Brazilian plant; lobelia inflata, common in our American fields; capsicum annuum, a bushy herb, native of South America; sanguinaria canadensis, or blood root; melaleuca leucadendron, an aromatic tree of India, yielding stimulating oil of a camphoraceous odor; laurus camphora, a Japanese forest tree of peculiar aromatic odor and warming taste, and nicotiana tabacum, or common tobacco.

Although libradol is a sample of polypharmacy, it is said not to be a mixture of drugs nor of drug extracts, but a systematic structure in which each constituent has a place by reason either of its potential value or because of its modifying influences on a potent agent needing a palliative touch.

A physician needs a fine sense of the relation of drug action to disease expression in order to play symphonies of health on the human organism. It was just that fine sense, that acquired knowledge of drug potentialities, which led Prof. John Uri Lloyd to construct libradol.

MACROTYS.

N. M. Dewees, Cambridge, O.

All Eclectics know and use macrotys, it being one of the oldest and most valuable of our remedies. Its influence is exerted upon the cerebral and spinal nervous system, and to a lesser extent upon the sympathetic. Its action is in the direction of normal functional activity.

It is the first remedy thought of in muscular rheumatism, as it also is in muscular soreness from bruises, sprains or cold.

There are two forms of headaches which call for this remedy, one is where there is soreness of the muscles of the scalp, and the other is where the soreness seems to be within the cranium, the least jar causing acute pain.

In many troubles of the reproductive organs of both male and female, it is an important remedy. In impotency, use it in connection with saw palmetto, if the ailment is attended with irritation of the bladder or prostate, the patient having to get up several times during the night to micturate. If attended with seminal losses, give it with specific phosphorus.

In nervous disturbances of the girl coming into womanhood, as also in disturbances of the woman during the change of life, macrotys is in many cases the only remedy needed. In these cases, where the patient complains of hot flashes, pains in the region of the uterus, the flow coming in clots, this remedy will rarely disappoint. In sterility of the female not due to lack of development or obstructions, and in sexual frigidity, this is our best remedy.

Let me give an example explaining this point. Many years ago a woman aged 42 years presented herself for treatment. She was nervous, discontented and irritable, she could not bear the attentions of her husband. While at work about the house, she was continually dropping things from the hand, as spoons, knives or dishes; everything seemed to go wrong. Two drachms macrotys, simple syrup 4 oz. a teaspoonful every three hours was prescribed. In two weeks her disposition and conduct had changed, she became optimistic, cheerful and happy. In about nine months after this, I was called to her home, when she was soon delivered of a fine baby girl, the baby before this being now eight years old. She said she would take no more of my medicine.

Professors King and Scudder said that macrotys was the *partus preparator*. This the writer has proved many times. During the last weeks of gestation it relieves both mind and body, prevents false pains and tends to make labor easy. It always does good and never does harm. To increase the contractile power of the uterus in labor it is much more to be depended upon than ergot. If given in such cases and it fails, it is because in my judgment the dose has been too small. The writer remembers more than one case of labor in which only one expulsive contraction was needed, but all effort on the part of the uterus being suspended, the administration of ergot and strychnin having failed, a single dose of twenty drops of macrotys was soon attended with the result desired. There is one fact in this connection that should not be overlooked, when this drug is indicated, it sometimes takes a very much larger dose to produce its physiological effects than where it is not indicated. The force of the drug seems to be expended in righting the wrong; and this fact is lost sight of by those who study a given medicine by its action on the well animal.

With me, macrotys has proved a specific in chorea. In an experience of nearly twenty years, during which time scores of cases were treated, all with the same remedy and without a single failure, leads to the above conclusion. If one gains a reputation for curing such maladies, they will have plenty of cases upon which to try their skill.

Two examples may not be uninteresting. Several years ago a young man, age twenty years, weight 175 lbs., was brought from a distance for treatment for chorea, he had been treated by various physicians but steadily grew worse, he could not talk, he could scarcely sit in a chair. The father and mother of this young man were very much discouraged, they asked if I could cure their son. They were assured that if he took the medicine as directed there would be no trouble about that. As the patient had

come from a distance, and knowing that an impression must be made on the disease before the first supply of medicine was exhausted, one ounce and a half of specific macrotys was poured into a pint bottle, the bottle filled with simple syrup, with directions to take one teaspoonful every three hours while awake. They were requested to bring the patient back when the medicine was gone. In about three weeks, the young man came back himself, he was nearly well. Treatment was continued for a while longer, and he was then discharged. The trouble did not recur.

The other case was that of a girl fourteen years old, well developed for her age, had menstruated regularly for about a year, that function seeming normal. As the patient lived close by, one drachm of macrotys to four ounces of syrup, was given, with one teaspoonful every three hours while awake. At the end of a week, there was no improvement in her condition. The amount of medicine was now doubled, with directions as before. At the end of the second week, there being no improvement, the amount of medicine was again doubled; making ʒiv macrotys to syrup ℥iv. Improvement began at once and by the end of three weeks the case was discharged.

Experience teaches that in threatened abortion macrotys is a very valuable agent. If the case has not progressed too far, it is speedily arrested by it. If a point beyond this has been reached, the remedy favors a speedy expulsion of the uterine contents.

EPSOM SALTS IN OBSTETRICS.

M. A. Cooper, M.D., Leakey, Tex.

Labor is made much easier and less dangerous by having a clean intestinal tract. A great deal of muscular activity is demanded, and, in order for the muscles to have sufficient power, a full supply of good, pure blood must be supplied to them. The blood cannot be pure if it is loaded with toxins absorbed from the bowel.

The blood of most women during pregnancy becomes more or less poisoned by absorption of these toxins from fecal matters, the cause of which is obvious, on account of the enlargement of the uterus pressing on the bowel. Now, this absorption of toxins must be stopped and the blood purified before labor commences; and, since we cannot empty the uterus before time for delivery, what shall we do? Assist nature to remove the fecal matter, and keep it removed, by giving a dose of salts or saline laxative each morning before breakfast for a week to three months before time for labor. In this way the blood is purified and kept pure, the muscles of the uterus are furnished with pure blood instead of poisoned, their efforts are therefore more effective and labor is made easier.

The above treatment is also good where there is albumin in the urine and danger of puerperal convulsions. In this case I would give senecio and helonias during the day and the salts each morning.

Now, after labor, during the puerperal period, with the woman lying in

bed, the bowels are not apt to move unless they are assisted. If they do not, we are liable here to have absorption of the toxins and cause nervousness, headache, fever, etc. Again, on account of the vicarious action of the eliminative organs, if the bowels are not kept clean, the uterus is liable to take upon itself the elimination of toxins absorbed from the bowel; and, if it does, it is very liable to cause inflammation of the endometrium, followed by a septic condition of the uterus, and then we have puerperal fever—all caused from a lack of attention to the bowels.

This is a day of preventive medicine, and we should not wait for this fever to arise, but should take precautions to prevent it. So, in order to be sure that my obstetric cases get along well through the puerperal period, I not only see that the uterus is thoroughly cleaned out after delivery, but I give a dose of salts or saline laxative each morning before breakfast for a week or ten days afterwards to insure a clean intestinal tract and to prevent the uterus from becoming infected by absorption of toxins from this source.

ENTERITIS.

Lee Strouse, M.D., Covington, Ky.

Of the above we have acute, chronic and mucous. In the above I have nothing new to offer either as to symptoms or its treatment, but will say that we have it in its various forms in the locality where I am situated, with the usual symptoms and causes laid down in our books treating on this malady.

I follow specific indications and specific medication, according to the Eclectic teachings of to-day, as best I can in my practice.

My medicines give satisfaction to my patrons, therefore I should be satisfied along with them. I use the following remedies: Aconite, ipecac, dioscorea, nux, sulphite of soda and glyconda; also other remedies as needed. I have for the last few years substituted glyconda for the old-fashioned neutralizing cordial. I get better satisfaction from its use, as I am rid of the sugar, which was so often objectionable. Now it is very easy to add a little syrup if needed.

Occasionally a little tincture of opium is needed to check severe pains. The Allopathic treatment in my neighborhood is, for a child six months old, the first twenty-four hours, one grain of calomel; older and larger persons, in proportion.

Since deadly germs have been found in kisses I have informed my good wife and notified all other pretty girls that hereafter, under no circumstances, am I to be subjected to the dangers of kissing without first determining my opsonic index.

A flea never bites just where one wants it to bite, nor does pain occur at the exact spot one prefers to have it.

The National Eclectic Medical Association
QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
FOREST, HARDIN COUNTY, OHIO.

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THE LAST APPEAL.

In this last appeal to our members before the National meets at Washington, I want to again urge upon every one to attend the meeting if possible. You all know how desperately the American Medical Association is working to have enacted a National law which shall deliver the practice of medicine into the hands of the old school. It is, or should be, known to all that this association seeks the power to destroy every vestige of opposition to its methods of practice. If the schemes of this association carry, it will outlaw every man who will not subscribe to its dogma. And it intends to compel *you* to pay the bill. In other words, it proposes to make you and me pay our own funeral expenses. This is to be done by getting its itching palms into the public treasury, and by means of the money it extracts therefrom, pay for the tons of printed matter which it contemplates sending broadcast over the country, wherein it proposes to bolster up its own rotten theories and condemn the opinions of others. Now we also know that this scheme of the A. M. A. has thus far been successfully opposed; but let me tell you, *it was not done without organization*. But, on the contrary, it was by the most thorough organization that the defeat of the A. M. A. became possible. By combining the forces of all who believe in medical freedom we have thus far defeated every measure the A. M. A. has attempted. But notwithstanding these defeats the deviltry of the political doctors will devise other measures and if we do not oppose them at the critical time, we are apt to lose what we have already gained. The P. D's are always "on the job."

Organization is therefore a vital question to us although there are some who do not think so. Now it is impossible to organize and stay organized without the necessary amount of enthusiasm to go with it; and that enthusiasm must be impelling enough to make one attend the sessions of the organization, even at considerable expense and inconvenience. Is our cause worthy of this? I know what you will say, for you know it is; but—. Yes, BUT, it is not enough for one to graduate from an Eclectic Medical

College and practice Specific Medication. This will not save his neck from the halter, nor keep the bit out of the mouth. It is of no use for me to tell you that we can do little if we are not thoroughly organized, for individually we are not of much force. Collectively and our task is still difficult, for the reason that we have a powerful organization against us, but if we are organized, and then ask the people to help us, we will have the more powerful organization. If we do not ourselves join together we cannot hope to gain the support of the people. What has already been done for *Medical Freedom* should convince every one of the power of organization, and also that the people are on the side of medical freedom. Without this organized opposition the crown would have been placed upon the head of allopathy, long e'er this. Without this organized opposition, we would have been well on the road to fanatical proscription in the practice of medicine.

Let us remember that Freedom is lost through a sense of security. "The price of Liberty is eternal vigilance." Do you believe the man who said that was a fool or a fanatic. It does not suffice that we have spells of ecstasy, but to be consistent we must hold a degree of enthusiasm constantly. The farmer who forgets the weeds for a season will reap no harvest. Neither will we, if we forget that to become indifferent for a season means death to our cause.

Now I know from experience, that it often entails what seems to be a hardship to attend these meetings, traveling all over the country to reach them, but it pays in the end. It pays in a way which those of us who only conjecture have no knowledge of.

Commune with yourself therefore, and contemplate what a magnificent organization we could have, were all to enthusiastically unite and carry forward the movement for thorough organization.

Will you not go to Washington this year? Just once, to see how it feels? We want you, we need you, and you need us just as badly. May we not have the satisfaction of seeing you, feeling the touch of your hand in fellowship?

Besides the business which will be of much benefit, there will be pleasant diversion, as the Committee of Arrangements and Entertainment have everything in fine shape for the meeting. Where can you spend your vacation to better advantage; and you are going to vacate for a little while, aren't you? Our hope is then to see you all in Washington. STEPHENS.

FOREWORD.

It is with pardonable pride that we review the work done by the National during the past three years. Our membership never was one-third as large and our working efficiency never so good.

At the last meeting, changes in the laws make it incumbent on the state societies to select a delegate and an alternate to represent them at the National, and this year we will see the working of the new laws.

The delegates are simply the official representatives of the state organizations, and as such they will transact much of the business of the Association, since the Association is of and for the state bodies and the cause in general. All recommendations, resolutions, and new matter will be referred to the delegates and reported back to the Association with recommendations and for final disposal.

All reports and recommendations of the delegates will be subject to debate and approval by the Association, and for these reasons a large attendance is desirable, as well as the opportunity to hear and discuss essays and scientific reports by the members.

We are forcibly reminded at this time of the importance of perpetuating and perfecting our organization. Never before has legislation of such importance been before the American medical profession.

Never before has the hand of the medical politician been so clearly seen in attempted legislation.

Never before did the dominant school of medicine present so strong and far reaching a political machine.

We desire to call the attention of the state officers to the necessity of systematic reports and accounts with their membership. The plans we have been working to may not be perfect, but a poor system is better than no system, and we respectfully urge all to inform themselves of the laws and avoid much of the confusion heretofore attending our work.

ART. II., SECTION 1, of the revised by-laws reads: "State Eclectic medical societies that are members of this Association shall after the first year pay a fee of two dollars as annual dues per each member in good standing in said society, *which shall be forwarded to the Secretary of this Association.*"

To simplify the work, allow the suggestion that all drafts and checks be made payable to the Treasurer, but forwarded to the Secretary with the report for obvious reasons. *Do not send the remittance to the Treasurer* and the report alone to the Secretary.

More than half of the reports are so made that we have to cull them over, compare them with our records and make a list of all *new* applicants, report this list back to the state secretary, asking him for the necessary credentials for each member. Many times we get a partial or indifferent credential made from memory by the secretary.

ART. I., SECTION 2, reads in part: "Credentials shall set forth his or her academic rank, the institution from which and the year in which he or she received the degree of Doctor of Medicine, and the time during which he or she has been engaged in practice."

The above facts are obtained most readily at the time the applicant solicits membership.

Very few reports contain the street address of the members who reside in large cities. This is one explanation of the delay in receipt of mail.

We have been fortunate in the work of the district organizers who have attempted a Herculanean task, and we are receiving reports indicating a good beginning in this long needed work. BEST.

THE NATIONAL SOCIETY.

In a few days the National Society meets in Washington. The State Societies have held their meetings and report unusual success. We trust that there will be a good representation at our National meeting. Since the inauguration of the plan for a closer affiliation between the State and National organizations, the growth of the latter has eclipsed the hopes of the originators of it; we trust the growth will continue. Personally, I am not a strong partisan, yet I must confess, it has always been an enigma to me why men do not support morally and financially that which has given them success. I am positive, if one asks an Eclectic that has forsaken the school, "What insures most to your success as a physcian?" he will say, "My knowledge of Specific Medication." If that be true, why then do you desert the school for the pottage? I am positive in this matter because I have had the reply as above, yet it is a fact that many adherents of the dominant school are practicing the same methods of medication. In my own work I have met six within the last few months practicing Specific Medication. Then what can possibly be the advantage of desertion but pelf.

If there ever was a time that needs our energies, watchfulness and organization, it is the present. The open fight has been abandonded, and the effort is now directed into the channels of legislative enactment and politics. State medicine is the watchword and deny it as much as they may, their public utterances betray them. Addresses have been made on the subject at their meetings, and legislative enactments and board rulings all tend toward that channel. I feel that many things done in the name of "scientific medicine" are farcical and will soon be forgotten. That much work is misdirected and furnishes soft berths for men otherwise failures. That much is theoretical as well as hypothetical. It appears the unusual activity directed toward the prevention of tuberculosis, and vast sums of money spent, could more profitably be employed in compelling the rich owners of the slums of cities where disease and crime flourish, to clean up, and thus remove some of the causes. That our State hospitals be placed in charge of men equipped by reason of study and experience, not to pay a political debt.

I am equally positive that appeals to the Court will invalidate much now being done by State boards of health and registration. Every man has a right to act and think as he pleases, so long as he is not a menace to society. The endeavor to compel all to see alike, to prescribe the same remedies, to act alike, to think alike by "Councils," is folly and dangerous to advancement in medicine. Power and political preferment appeals to men, but I would rather be a plain family practitioner than to sell my cause for any political job. If one will only be a man, it matters not what his school may be; he will succeed if mentally equipped. So I say to you, be true to your cause, to your first choice, and do not dally with the enemy.

The questions confronting us must be met. Let us meet them with courage and manhood. Meet innuendoes with candor and honesty; deceit with openness. We need not be a party of objectors, but promoters. Be in

the advance in good, honorable work, yet we need not swallow bait, hook and sinker, everything done in the name of "Scientific Medicine."

Be present at the National and help make it a force for Eclecticism, and let us endeavor to have the largest and most profitable meeting in our history. Will you assist? M.

PRACTICABILITY.

It is often a question to the physician in active work whether the increased demands made upon the student is of any practicable value. We have been a student for many years and have closely watched the advanced demands. Many of these are made by academicians and not physicians. Men whose entire life has been devoted to theories and dreams and have never worked a day in their lives in a practical manner. The only demand is time, not scholarship. Eight years in the grades, four years in high school, one or two years in a liberal arts college, four years in medicine, and they are now advocating five, a total of from seventeen to nineteen years in school, thus making a man from twenty-three to twenty-five years of age before graduation. Yet, after all these years in school, he must pass an examination before a board who are often unable to hold the examinations and are compelled to hire a college professor or teacher to do the work for them.

It is a question whether we are not getting too theoretical, and not practical enough. Who is it that pass these laws and who is it that demands them? It is not physicians in active everyday work, but teachers and academicans, men whose entire life has been spent in theoretical teaching. and often men who have not practiced a day in their life, who have not even a medical education, and yet they essay to say what we shall study. The practical or therapeutical side of the question has recently been forcibly brought to my attention by reason of consultations. The physician in charge had made his diagnosis correctly in each case, but, when called upon to relieve his patient, was at a total loss, so had resorted to hypodermic injections of morphine until the patient in each instance was nearly a wreck. In my own field of observation, the patient is not so desirous of knowing all about the pathology, bacteriology and theories of medicine as he is of getting relief. Instinctively all my neighbors are attempting to use specific medication, though ostensibly holding membership in the A. M. A. I believe the lack of a practical application of medicine or therapeutics is responsible for the ever-increasing sale of patent medicines, healers, and so forth. Only yesterday I saw a long list of endorsers for an appliance to be placed on the wrist, guaranteed to cure rheumatism, poliomyelitis, gall-stones, and in fact all and everything. Who were the endorsers? Ministers, professors, teachers, etc. And these are the men presuming to dictate what a physician shall study and how long. The prospect is certainly encouraging. It is time to call a halt on these boards of examination and registration. Let them catch up with the procession. The students are now far in advance

of the examiner, and, with the constant demands for advancement, the entire affair will assume the aspect of a farce. M.

PNEUMONIA.

It is not our purpose to write a dissertation on the treatment of pneumonia, but simply to make a few practical comments. My attention was recently attracted to an article entitled, "Why is Pneumonia So Fatal?" I would answer, by reason of the treatment. It is a sad commentary upon the profession to say, "Nothing can be done for pneumonia;" "It is a self-limited disease." Granted, for argument's sake, that the propositions above quoted are correct, it is equally true that a misdirected, vicious treatment can render its prognosis more grave or fatal.

We do not grant the truth of the first two propositions. We do not find it uniformly fatal; we believe much can be done to modify its course and fatality, as much as in any other acute, self-limited disease. Within the past few days we witnessed the effects of misdirected and misguided treatment, which we will describe as object lessons. A young man had a typical lobar pneumonia, characterized by the full, bounding pulse, high temperature, cough and rusty sputa. Whisky and strychnia was prescribed every two and four hours to sustain the heart; result, death. Authority says whisky and strychnia are useful in pneumonia, hence the above prescription; but when is it useful? Certainly not in the above case. Again, a child, eleven years old, had lobar pneumonia of right lower lobe. To check the cough, heroin was prescribed; to sustain the heart, whisky was given; to allay the pain, morphine was administered hypodermically. This girl was a strong, robust child and had the typical symptoms of pneumonia. She has now been sick eight weeks. Is it any wonder pneumonia proves so fatal in some hands? The patient is not studied; the conditions are not observed. The patient has pneumonia and forthwith attempts are made to remove it bodily. Medicine is blind; there is too much theory and not sufficient practicability. The supremacy of surgeons and laboratory experts have blinded the eyes of the profession therapeutically, and the young man is unable to cope with the actual conditions as he meets them in everyday life. He is the blind follower of a misdirected authority. The result is the growth of readymade preparations on the market; the rapid growth of physicians' supply and pharmaceutical houses; the growth of all forms of "isms" and "cults," and it is the friends of these that are framing medical legislation; and last, but by no means least, the instinctive turning of physicians to the liberal schools for relief in therapeutics.

Intelligent study of the conditions presented in each case and medication directed in accordance with the conditions presented will lessen the mortality of pneumonia. We can conceive the case that would need stimulants. In fact, we only yesterday discharged such a case. The folly of the proposition is the endeavor to treat all cases alike, no matter what may be the conditions presenting themselves. M.

CLINICAL *VERSUS* LABORATORY REPORTS.

"It is the proud contention of the profession that medicine is quickly evolving from the empirical state into the scientific. Fifty years ago we used remedies because the results obtained at the bedside showed the great benefit we could derive from them. Since the beginning of the last century, however, thinking physicians have rightly evolved the question, why does a certain remedy affect a certain disease? There must be some relation between this remedy and the disease. With the evolution of chemistry and pharmacology, medicine made use of these sciences, and drugs were submitted to analysis to ascertain their value. As long as bedside experience and laboratory experience went hand in hand, the results obtained were beneficial; but when in the eighties of the last century a nihilistic tendency swept over medicine, the experimenter became of more importance than the clinician, and the purist in medicine asserted that only drugs whose pharmacological constitution showed medicinal value should be used. Thus we forgot that neither chemistry nor pharmacology is an absolute science; they both progress and new methods are invented daily. It is high time that the clinician came to his own again, and the value of bedside experience should go before laboratory researches. A physician can exist only if he has results in curing his patients, and no physician will prescribe a remedy from which he does not gain such results. The reports in reference to drugs coming from reputable hospitals should absolutely be taken as the standard. If such reports can be seconded by laboratory experiments, the value of the drug has been absolutely proved, but if the chemical and pharmacological analyses do not corroborate the reports from bedside experience, we should prefer the latter to the former."—Editorial, *New York Medical Journal*, April 27, 1912.

We wonder how the above strikes some of our educators. It is a fact that the control of medical education has fallen into the hands of men devoid of such an education and who have had no practical experience. Laboratory experts, scientists and professional educators are dictating the curriculum of our colleges. The consequence is the future physician will be well versed in laboratory methods, but not in the practical matter pertaining to his profession.

M.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, WASHINGTON, D. C., JUNE 18, 1912.

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Massachusetts.....F. W. Abbott, Taunton.
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Minnesota.....E. O. Thompson, Luvern.
Missouri.....M. M. Hamlin, St. Louis, 5003 Page Ave.
Mississippi.....
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New Hampshire.....Lillian G. Bullock, Manchester.

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Nevada.....J. P. Martin, Reno.
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North Dakota.....N. A. Hergstrom, Cooperstown.
Ohio.....J. K. Scudder, Cincinnati, 630 W. Sixth St.
Oklahoma.....F. S. Peck, Oklahoma City.
Oregon.....L. S. Keith, Salem.
Pennsylvania.....J. M. Mulholland, Pittston.
Rhode Island.....Alzaman Sawyer, Providence, 212 Union St.
South Carolina.....James W. Johnson, Savage, Florence County.
South Dakota.....W. A. Stearns, Hot Springs.
Tennessee.....W. H. Halbert, Nashville, 818 First Nat. Bank Bldg.
Texas.....F. M. Bettencourt, Fort Worth.
Utah.....David S. Taplin, Ogden.
Vermont.....H. N. Waite, Johnson.
Virginia.....I. N. Baker, Whitacre, Giles County.
Washington.....Mary B. Cosford, Spokane.
West Virginia.....S. W. Bush, Parkersburg.
Wisconsin.....C. H. Oliver, Cambridge.
Wyoming.....W. A. Wyman, Cheyenne.

Report of the Committee of Arrangements.

Within a few weeks the members of our National Eclectic Medical Association will be gathering from the various parts of our broad country to meet again in annual conclave, and we hereby submit the following report of our attempt to arrange for their convenience and comfort.

Place of Meeting.—Washington, the most beautiful city of our country, was chosen as the place of meeting, and your committee have endeavored to secure headquarters which would prove both useful and attractive. Our first headquarters selected—the Arlington—becoming impossible because of the refusal of the owners of that hotel to renew the lease which expired on June 1, 1912, as they desired to tear the building down for the purpose of erecting a more modern and magnificent hotel in its place, we were forced to look for another meeting place. By the aid and influence of the genial manager of the Arlington—Mr. Taylor—we were enabled to secure accommodations at the Shoreham, which is delightfully situated on the corner of H and Fifteenth Streets, N. W. This hotel is conducted entirely on the European plan, and the charges for rooms during the convention week are as follows:

Single room, one person	$2.00 per day
Single room, two persons	3.00 per day
Single room, with bath, one person	3.00 per day
Single room, with bath, two persons	4.00 per day
Small suites consisting of parlor, two bedrooms with bath, accommodating four persons	8.00 to 10.00 per day

The Convention Hall and the Room for Exhibits are located on the first floor and will be found to be admirably adapted for their specific purposes.

Railroad Rates.—There are no reduced round trip rates to Washington,

except via Norfolk, Va., and steamer. Sixty days circular tours to New York City, via Washington, with a different route returning, are very well arranged and only slightly higher, and in many cases *less* than the round trip to Washington. These are approximately as follows, as based on last year's tariff.

To Washington, D. C.

From	Regular one-way	Round trip	60-day to N. Y.
Los Angeles	$77.25	$107.50	$107.50
Lincoln, Neb.	28.60	57.20	51.60
Kansas City	27.25	54.50	49.40
Omaha	27.50	55.00	49.40
Boston	10.40	20.80	....
New York	5.65	10.00	....
Buffalo	10.63	21.26	....
Pittsburg	8.00	16.00	....
Cincinnati	13.50	27.00	28.55
Cleveland	11.00	22.00	29.35
Chicago	17.50	35.00	34.40
Indianapolis	15.00	30.00	30.80
St. Louis	19.25	38.50	41.10
Atlanta	16.75	*31.50	....
Nashville	19.40	38.80	39.85
Dallas	37.05	74.10	67.80

* Via Norfolk and steamer.

Where it is possible for a party of ten to meet and arrange to travel together on one ticket quite a saving can be made. The following rates over the Chesapeake & Ohio Railway best exhibit such reductions.

Ten-Party Rate to Washington, D. C.

From	
Kansas City	$23.40
St. Louis	17.85
Chicago	15.40
Louisville	13.50
Cincinnati	11.20
Omaha	25.85
Indianapolis	12.90
Toledo, via C. & O. and Cincinnati	11.20

Similar rates may be obtained from other localities and the correct rate may be had from your local railroad agent.

Entertainment.—On Wednesday afternoon the convention will be taken by steamer to Mount Vernon, and the home and tomb of the "Father of our Country" will be visited, making a most attractive outing and one which every American should take at least once during his lifetime.

Sight-Seeing Tour.—On Tuesday afternoon, at the conclusion of the session, there will be an opportunity for all to enjoy one of the famous "Touring Washington" trips of the International Auto Sight-Seeing Transit Company, in their elegant automobile coaches. The price of this trip will be seventy-five cents each. If those who are intending to take this trip will notify the committee of Arrangements of the time of their arrival in Wash-

ington, they will be transferred from the station to the hotel free of charge provided they arrive in parties of five or more. Address the chairman of the committee at the Shoreham on and after June 15, 1912, in regard to this accommodation. Other arrangements for entertainment will be announced at the opening of the convention.

Official Photographer.—Mr. G. V. Buck, the leading photographer of Washington, has been engaged to make a group picture of the convention. This picture will be taken in such a manner as to have the White House in the background, and the committee trusts that every one who attends the convention will make a special effort to be present when this picture is taken.

In closing, may we not urge each one who reads this outline to do their very best to attend the coming convention, that our impression upon the capital of our country may be as impressive as possible?

PROGRAM.

TUESDAY, JUNE 18—10 A.M.

Invocation by Rev. Henry N. Couden.....Washington, D. C.
(Chaplain House of Representatives.)
Address of Welcome, John T. Sibley, M.D.....Brooklyn, N. Y.
Response by R. L. Thomas, M.D.....Cincinnati, O.
Address by F. W. Abbott, M.D.....Taunton, Mass.
Response by G. T. Fuller, M.D.....Mayfield, Ky.
Business session.

AFTERNOON SESSION—2 P.M.

President's Address.
Business session.

SECTION I—MATERIA MEDICA AND THERAPEUTICS.

Chairman—B. K. Jones, M.D.....Kenton, O.
Vice-Chairman—E. R. Waterhouse, M.D.....St. Louis, Mo.
Secretary—J. C. Mitchell, M.D.....Lousiville, Ky.

J. U. Lloyd.....Cincinnati, O.
Concerning the American Materia Medica.
Finley Ellingwood, M.D.....Chicago, Ill.
The Present Status of Materia Medica.
J. W. Fyfe, M.D.....Saugatuck, Conn.
Remedies of the Founders.
W. M. Durham, M.D.....Atlanta, Ga.
Some of Our Older but Neglected Remedies.
F. H. Fiske, M.D.....Nashville, Tenn.
The Direct Effect of Specific Medicines.
J. C. Mitchell, M.D.....Louisville, Ky.
Drugs and Drugless Methods.
J. R. Berry, M.D.....Cartersville, Mo.
Overenthusiasm in the Exhibition of Remedial Agents.
M. H. Waldron, M.D.....Naugatuck, W. Va.
Forty Years' Experience with Lobelia.
L. W. K. Tracy, M.D.....Harrison, O.
Lobelia Hypodermically in Rigid Os.

Wm. P. Best, M.D.....Indianapolis, Ind.
Lobelia.
F. H. Miller, M.D.....Fairmount, W. Va.
Therapeutics.
George W. Holmes, M.D.....Sharps, Fla.
Sisyrinchium, or Blue-Eyed Grass.
Florence T. Truax, M.D.....Atlanta, Ga.
Macrotys.
M. M. Harvill, M.D.....Nashville, Tenn.
Cacodylate of Soda.
R. T. Rudd, M.D.....Fulton, Ky.
Apocynum.
R. L. Thomas, M.D.....Cincinnati, O.
Apocynum.
L. R. Crabtree, M.D.....Akersville, Ky.
Subject unannounced.
L. P. Baker, M.D.....Atlanta, Ga.
Therapeutics of Pneumonia.
Lee Strouse, M.D.....Covington, Ky.
Passiflora.
S. Warren Bush, M.D.....Parkersburg, W. Va.
Oenanthe, Its Indications and Uses.
T. A. E. Evans, M.D.....Farmers, Ky.
Panax Quinquefolium.
J. M. Wells, M.D.....Vanceburg, Ky.
The Apex.
W. N. Holmes, M.D.....Nashville, Tenn.
Subject unannounced.
D. Edward Morgan, M.D.....Matewan, W. Va.
Classification of Drugs.
A. J. Mann, M.D.....Alvaton, Ga
Solanum Carolinense.
F. A. Kraft, M.D.....Milwaukee, Wis.
Ozone—Its Value in Preventive Medicine.
G. W. Harvey, M.D.....Big Pine, Cal.
Vinegar.
A. F. Stephens, M.D.....St. Louis, Mo.
Black Haw.
J. L. Richardson, M.D.....Ashland, Ky.
The Therapeutics of Purulent Conjunctivitis.
DeWitt Jones, M.D.....Offerman, Ga.
The Use of Veratrum Viride in Pneumonia.
G. L. Simmons, M.D.....Granville, Tenn.
Asclepias.
A. O. Bannon, M.D.....Annapolis, Mo.
Eliminants.
A. B. W. Naughton, M.D.....Shirley, S. C.
Therapeutics of Septic Poisoning.
Harvey W. Felter, M.D.....Cincinnati, O.
Subject unannounced.
E. R. Waterhouse, M.D.....St. Louis, Mo.
Dioscorea Villosa.
W. Clay Jones, M.D.....Kenton, O.
Subject unannounced.

W. E. Aubuchon, M.D. ..... Francley, Mo.
Hydrastis Canadensis.
Q. R. Hauss, M.D. ..... Sellersburg, Ind.
Viburnum.
J. D. Musick, M.D. ..... Calhoun, Mo.
Remedies in Cystitis.
H. N. Waite, M.D. ..... Johnston, Va.
Subject unannounced.
V. A. Baker, M.D. ..... Adrian, Mich.
Hyoscyamus and Stramonium.
W. G. Wood, M.D. ..... St. Louis, Mo.
Manaca.
Frank Webb, M.D. ..... Bridgeport, Conn.
Lycopus.
F. O. Williams, M.D. ..... Columbus, O.
Subject unannounced.
E. J. Deck, M.D. ..... Easton, Pa.
Thyroid Extract.
Geo. W. Thompson, M.D. ..... New York, N. Y.
Xanthoxylum.
Pitts Edwin Howes, M.D. ..... Boston, Mass.
Nux Vomica.
B. K. Jones, M.D. ..... Kenton, O.
Discussion of Section.
A. B. Young, M.D. ..... Brownsville, Tenn.
Chloride of Potassium.

EVENING SESSION—8 P.M.

Meeting of College Alumni (all colleges).

WEDNESDAY, JUNE 19, 9 A.M.

Business session.
Address by J. A. Munk, M.D. ..... Los Angeles, Cal.
Climatology.

SECTION II—PRACTICE OF MEDICINE.

Chairman—V. Silo, M.D. .....353 W. 57th St., New York City.
Vice-Chairman—E. J. Latta, M.D. ..... Keneshaw, Neb.
Secretary—Emmett F. Cook, M.D. ..St. Joseph, Mo. (Long Bldg.)

Stephen T. Biggers, M.D. ..... Atlanta, Ga.
Whooping Cough and Complications.
G. H. Stagner, M.D. ..... Guthrie, Okla.
Cerebro-Spinal Meningitis.
M. J. Carriker, M.D. ..... Nebraska City, Neb.
Specific Diagnosis and Therapeutics.
R. M. Jernigan, M.D. ..... Fitzhugh, Ark.
Acute Cystitis.
W. H. Halbert, M.D. ..... Nashville, Tenn.
How I Treat Membranous Croup.
V. A. Baker, M.D. ..... Adrian, Mich.
Cystitis, Acute and Chronic.
Wm. P. Best, M.D. ..... Indianapolis, Ind.
Subject unannounced.
E. G. Sharp, M.D. ..... Guthrie, Okla.
Nephritis.

F. S. Peck, M.D.....Oklahoma City, Okla.
Psychotherapeutics.
W. E. Aubuchon, M.D.....Franckley, Mo.
Sepsis.
P. H. Mitchell, M.D.....Crisp, Texas.
Typhoid Fever in Texas.
H. W. Felter, M.D.....Cincinnati, O.
Subject unannounced.
J. C. Story, M.D.....St. Joseph, Mo.
Cholelithiasis.
M. M. Hamlin, M.D.....St. Louis, Mo.
Tonsillitis.
T. D. Adlerman, M.D.....Brooklyn, N. Y.
Paranoia.
Emmet F. Cook, M.D.....St. Joseph, Mo.
The Progress of Medical Research.
G. A. Hinton, M.D.....Hot Springs, Ark.
Treatment of Hereditary Syphilis.
Geo. M. Hite, M.D.....Nashville, Tenn.
Typhoid Fever.
Geo. C. Porter, M.D.....Linton, Ind.
Hemorrhage in Typhoid Fever.
T. D. Adlerman, M.D.....New York City.
Extracts from the Diary of an Interne in the M—— Insane Asylum.
W. S. Bogart, M.D.....Denver, Colo.
Some Ethical, Financial and Physical Phases of Life Insurance Examinations.
M. A. Carricker, M.D.....Nebraska City, Neb.
Specific Diagnosis and Therapeutics.
C. A. Barton, M.D.....Fayette, Idaho.
Eclecticism in the Northwest.
E. J. Latta, M.D.....Kenesaw, Neb.
Nephritis as a Complication of Influenza.

AFTERNOON SESSION—2 P.M.

Business session.
Address by B. S. Horne, M.D.....Gas City, Ind.
Habit-Forming Drugs.

SECTION III—PEDIATRICS.

Chairman—J. F. Wuist, M.D., Fifth and Garfield Sts., Dayton, O.
Vice-Chairman—W. S. Turner, M.D.....Newark, O.
Secretary—Florence T. Truax, M.D.....Atlanta, Ga.

J. R. Bangert, M.D.....Shippenville, Pa.
Gleanings.
J. B. Borland, M.D.....Franklin, Pa.
The Child's Birthright.
G. C. Young, M.D.....Washington, N. J.
Infantile Scurvy.
C. J. Hemminger, M.D.....Rockwood, Pa.
Broncho-Pneumonia.
H. R. Werner, M.D.....Thomas, W. Va.
Broncho-Pneumonia.

R. E. Holmes, M.D.....Harrisburg, Pa.
Measles.
E. Florence Stir-Smith, M.D.....Newark, O.
Measles.
S. Warren Bush, M.D.....Parkersville, W. Va.
Diphtheria.
W. H. Morse, M.D.....Hartford, Conn.
Distempered Nerves.
M. H. Waldron, M.D.....Naugatuck, W. Va.
Forty Years in the Child Business and Still At It.
F. H. Williams, M.D.....Bristol, Conn.
Forty Years' Experience with Babies.
Florence T. Truax, M.D.....Atlanta, Ga.
Anemia of Childhood.
J. D. Smith, M.D.....Dayton, O.
Cretinism.
G. B. Bristol, M.D.....Middlebury, Conn.
Pediatrics.
A. J. Kaiser, M.D.....Erie, Pa.
Pediatrics.
D. L. L. Yost, M.D.....Fairmont, W. Va.
Pedonosology and Stirpiculture.
H. N. Waite, M.D.....Johnson, Vt.
The Health Officer, His Duties and Relations to the Public Health.
W. F. Carson, M.D.....Berlin Center, O.
Follicular Tonsillitis.
Alice Lyon Fitch, M.D.....Darien, Conn.
Subject unannounced.
J. D. McCann, M.D.....Monticello, Ind.
Acute Anterior Poliomyelitis.
C. Woodward, M.D.....Chicago, Ill.
The Etiology of Cancer in Children and Its Treatment.
Edith B. Lowry-Lambert, M.D.....St. Charles, Ill.
Infant Welfare and Sex Education.
J. R. Bangert, M.D.....Shippenville, Pa.
Scarlet Fever.

EVENING SESSION—8 P.M.

Meeting of the Confederation of Eclectic Medical Colleges.

THURSDAY, JUNE 20, 9 A.M.

Business session.
Address by R. L. Thomas, M.D.....Cincinnati, O.
Eclecticism's Greatest Need.

SECTION IV—SURGERY.

Chairman—J. B. Davis, M.D.....Pontiac, Ill.
Vice-Chairman—O. C. Welbourn, M.D.....Los Angeles, Cal.
Secretary—W. L. Heeve, M.D..302 Sumner Ave., Brooklyn, N. Y.

Lee H. Smith, M.D.....Buffalo, N. Y.
Litholapaxy.
E. B. Shewman, M.D.....Cincinnati, O.
Fecal Fistula.
R. C. Heflebower, M.D.....Cincinnati, O.
X-Ray Localization of Foreign Bodies.

L. E. Russell, M.D. ..... Cincinnati, O.
Surgery of the Intestinal Tract.
W. L. Heeve, M.D. ..... Brooklyn, N. Y.
Anchoring the Nephrocolic Ligament in Nephroptosis.
L. Lenzer, M.D. ..... Brooklyn, N. Y.
Preparation and Sterilization of Sutures.
G. Allan Rowe, M.D. ..... Buffalo, N. Y.
Reducing an Enlarged Prostate.
Lee H. Smith, M.D. ..... Buffalo, N. Y.
The Bottini Treatment for Enlarged Prostate.
M. E. Eastman, M.D. ..... Altmas, Cal.
Treatment of Fractures.
R. C. Brasswell, M.D. ..... Ft. Worth, Texas.
Subject unannounced.
B. Roswell Hubbard, M.D. ..... Los Angeles, Cal.
Stricture of the Rectum.
E. G. Sharp, M.D. ..... Guthrie, Okla.
Surgical Treatment of Malignant Neoplasms.
D. E. McCarty, M.D. ..... Lockridge, Okla.
Orificial Surgery.
W. C. Burnaman, M.D. ..... Hollensburg, Kan.
Acute Suppurative Peritonitis.
M. A. Carriker, M.D. ..... Nebraska City, Neb.
Surgical Gynecology.
F. L. Wilmeth, M.D. ..... Lincoln, Neb.
Ileus.
F. M. Bettencourt, M.D. ..... Ft. Worth, Texas.
Saving the Fingers.
A. F. Stephens, M.D. ..... St. Louis, Mo.
Ano-Rectal Abscess.
G. A. Hinton, M.D. ..... Hot Springs, Ark.
Genito-Urinary Surgery.
S. C. Boyce, M.D. ..... Little Rock, Ark.
Tetanus.
D. E. James, M.D. ..... Plain View, Ark.
Abdominal Hysterectomy.
John C. Swalm, M.D. ..... Chicago, Ill.
Potts' Fracture and the Method of Setting It.
G. O. Hulick, M.D. ..... E. St. Louis, Ill.
Painless Minor Surgery.
H. F. Killene, M.D. ..... E. St. Louis, Ill.
Ectopic Gestation.
R. M. Jernigan, M.D. ..... Fitzhugh, Ark.
Treatment of Gunshot Wounds.
J. D. Musick, M.D. ..... Calhoun, Mo.
Perineorrhaphy.
W. N. Holmes, M.D. ..... Nashville, Tenn.
Curettage.
S. W. Moreland, M.D. ..... Jonesboro, Ark.
Surgery in the Country.
M. M. Hamlin, M.D. ..... St. Louis, Mo.
Fistula in Ano.
B. E. Dawson, M.D. ..... Kansas City, Mo.
Some Operations I Did Not Perform.

Geo. C. Tallerday, M.D. ..... Belvidere, Ill.
Ovarian and Tubal Hematocele.
H. L. Kampen, M.D. ..... Monmouth, Ill.
Exsection of the Colon for the Relief of Congenital Constipation.
J. H. Shults, M.D. ..... Jeffersonville, Ky.
Fractures and Their Bandaging.
Author Unknown ..... Atlanta, Ga.
Hemothorax.
J. B. Brewer, M.D. ..... Jefferson, Wis.
Gall-stones.
Thomas Owings, M.D. ..... Hinckley, Ill.
The Abuse of Surgery for Mercenary Motives to the Neglect of Therapeutics.
R. J. Lambert, M.D. ..... St. Charles, Ill.
The Surgical Results of Sexual Ignorance.
J. B. Davis, M.D. ..... Pontiac, Ill.
When Shall We Advise an Operation?
E. J. Farnum, M.D. ..... Chicago, Ill.
Neglected Surgical Remedies.
W. P. Collins, M.D. ..... Howard, S. D.
Imperforate Anus.
O. C. Welbourn, M.D. ..... Los Angeles, Cal.
Diaphragmatic Hernia.
W. H. Lewis, M.D. ..... Athens, Ark.
Echinacea as a Surgical Dressing.
W. R. Schussler, M.D. ..... Orland, Ill.
An Improved Method of Performing Ventrofixation.
W. E. Kinnett, M.D. ..... Peoria, Ill.
Orificial Surgery.
C. M. Brown, M.D. ..... Fairmount, Ind.
Ruptured Uterus.

AFTERNOON SESSION—2 P.M.

Business session.
Address by Finley Ellingwood, M.D. ..... Chicago, Ill.
Ideals.

SECTION V—OBSTETRICS.

Chairman—M. W. Cooper, M.D. ..... Leakey, Texas.
Vice-Chairman—C. M. Ewing, M.D. ..... Harrisburg, Pa.
Secretary—G. O. Hulick, M.D. . 1412 St. Louis Ave., E. St. Louis, Ill.

Geo. M. Hite, M.D. ..... Nashville, Tenn.
Important Remedies in Gestation and Parturition.
James M. Tribble, M.D. ..... Lithonia, Ga.
Puerperal Insanity, or Insane Women During Gestation and Their Treatment.
M. F. Bettencourt, M.D. ..... Ft. Worth, Texas.
The Third Stage of Labor.
J. O. Cummins, M.D. ..... Nashville, Tenn.
Instrumental Delivery.
M. M. Harvill, M.D. ..... Nashville, Tenn.
Meddlesome Midwifery.
W. S. Turner, M.D. ..... Newark, O.
Some Obstetrical Experiences.
Pearl H. Tatman, M.D. ..... Eureka Springs, Ark.
The Abnormal in Obstetrical Practice.

Pitts Edwin Howes, M.D.....Boston, Mass.
An Aid to Present Instrumental Deliveries.
D. DeWitt Moncrief, M.D.....Shelbyville, Tenn.
The Care of the Breasts.
E. Florence Stir-Smith, M.D.....Newark, O.
Eclampsia.
W. N. Holmes, M.D.....Nashville, Tenn.
Puerperal Mania.
B. D. Austin, M.D.....Nashville, Tenn.
Antepartum Convulsions.
J. C. Mitchell, M.D.....Louisville, Ky.
Death in Utero.
Benj. L. Simmons, M.D.....Granville, Tenn.
For It Is Better to Marry Than Burn.—I. Cor. 7-8.
Geo. W. Holmes, M.D.....Sharps, Fla.
Puerperal Convulsions.
F. H. Fisk, M.D.....Nashville, Tenn.
Retained Placenta and Treatment.
O. C. Baird, M.D.....Chanute, Kan.
Aseptic and Antiseptic Obstetrics.
G. O. Hulick, M.D.....E. St. Louis, Ill.
Cases of Dystocia Found in General Practice.
J. B. Matthews, M.D.....Blue Mound, Ill.
Puerperal Fever.
E. R. Harvey, M.D.....Long Beach, Cal.
The Renal Insufficiency in Pregnancy.
A. P. Hauss, M.D.....New Albany, Ind.
The Management of Placenta Previa, with Report of a Case.
A. B. Young, M.D.....Brownville, Tenn.
Puerperal Convulsions.
G. E. Potter, M.D.....Newark, N. J.
Potassium Chlorate in Puerperation.
H. H. Helbing, M.D.....St. Louis, Mo.
Subject unannounced.
G. W. Stoddard, M.D.....Hayti, S. D.
Obstetrics as Practiced on the Dakota Plains.
C. H. Hulick, M.D.....Mt. Sterling, Ill.
Subject unannounced.
H. S. Lowrance, M.D.....Chebanse, Ill.
Subject unannounced.
A. F. Stephens, M.D.....St. Louis, Mo.
The Dangers of Ergot in Obstetric Practice.
E. M. Ewing, M.D.....Harrisburg, Pa.
Subject unannounced.
J. F. Leslie, M.D.....Waterville, Wash.
Placenta Previa.

Evening Session—8 p.m.

Business session.

Section VI—Gynecology.

Chairman—M. M. Hamlin, M.D...5003 Page Ave., St. Louis, Mo.
Vice-Chairman—B. E. Dawson, M.D.3220 Oak St., Kansas City, Mo.
Secretary—H. S. Lowrance, M.D.....Chebanse, Ill.

F. L. Willmeth, M.D.....Lincoln, Neb.
Uterine Fibroid.

Emmet F. Cook, M.D.....St. Joseph, Mo.
Salpingitis.
H. H. Helbing, M.D.....St. Louis, Mo.
Ovaritis.
M. M. Hamlin, M.D.....St. Louis, Mo.
Some Experiences as a Gynecologist.
B. E. Dawson, M.D.....Kansas City, Mo.
Perineal Repair of Complete and Incomplete Laceration.
Lillian G. Blanchard, M.D.....St. Louis, Mo.
Cervical Endometritis.
G. O. Hulick, M.D.....East St. Louis, Ill.
Perineorrhaphy.
J. B. Davis, M.D.....Pontiac, Ill.
Uterine Prolapse.
E. R. Waterhouse, M.D.....St. Louis, Mo.
Uterine Congestion.
John C. Story, M.D.....St. Joseph, Mo.
Galvanism in Endometritis.
V. A. Baker, M.D.....Adrian, Mich.
An Unusual Case of Uterine Hemorrhage.
J. S. Rinehart, M.D.....Kokomo, Ind.
Menstruation and Its Disorders.
J. A. Welsh, M.D.....Hannibal, Mo.
Cancer of the Cervix.
A. F. Stephens, M.D.....St. Louis, Mo.
Menorrhagia.
Amy Robinson, M.D.....Hastings, Neb.
The Causes of Diseases Peculiar to Women.
M. B. Pearlstein, M.D.....New York, N. Y.
Dry Heat vs. Moist Heat in Uterine Disorders.

FRIDAY, JUNE 21, 9 A.M.

Business session.

SECTION VII—OPHTHALMOLOGY AND OTOLOGY.

Chairman—J. P. Harbert, M.D.....Bellefontaine, O.
Vice-Chairman—R. C. Heflebower..22 W. 7th Ave., Cincinnati, O.
Secretary—C. S. Amidon, M.D.....Mechanicsburg, O.

G. E. Holmberg, M.D.....Peekskill, N. Y.
Purulent Ophthalmia—Etiology and Treatment.
Emmett V. Ball, M.D.....Atlanta, Ga.
Iritis—Internal Treatment of.
J. P. Harbert, M.D.....Bellefontaine, O.
Discission of Soft Cataract.

Meeting electoral college.
Installation.
Adjournment.

NEW APPLICANTS FOR MEMBERSHIP.

ALABAMA.

Christian, J. N., Falco.

CALIFORNIA.

Bolton, M. B., Johnsville.
Foley, Robert E., Stockton.
Litchfield, Judson, Ukiah.
Hailstone, Chester E., 504 Bumiller Bldg., Los Angeles.
Schmiedel, R. J., San Francisco.

CONNECTICUT.

Adams, F. B., Manchester.
Fitch, Alice Lyon, Darien.

GEORGIA.

Adamson, O. D., Forest Park.
Dorsey, H. A., Pitts.
Eldridge, M. W., Dalton.
Faulkner, James A., Jasper.
Godsmark, O. C., 244 S. Boulevard, Atlanta.
Hammond, J. H., Enigma.
Harris, E. L., Marietta.
Hembree, J. J., Walnut Grove.
Holt, J. F., Vienna.
Howell, A. D., Bronson.
Lee, H. B., Luxonnie.
Morris, J. L., Roswell.
Smith, J. B. G., Sumatra.
Vryonis, S. G. Bicatos, 106½ Whitehall St., Atlanta.
Wells, J. H., Griffith.
Worrill, W. H., Lumpkin.

INDIANA.

Gage, J. W., 1005 Delaware, Indianapolis.

ILLINOIS.

Dattelzweig, F. M., 1340 Eddy St., Chicago.
Dunn, D. W., DuQuoin.
Flinn, E. H., Chicago.
Griffith, B. A., Swan Creek.
Price, J. R., Chicago.
Shoemaker, L., Wyanet.

IOWA.

Linquist, A. L., Stanton.
Sutton, R., Shenandoah.

KANSAS.

Phillips, Myrtle H., Kansas City.

KENTUCKY.

Coffman, J. M., Owensboro.

MISSOURI.

Aubuchon, W. E. Frankelay.
Snow, A. E., St. Louis.
Son, T. A., Bonne Terre.
Tremaine, G. W., 2647 Olive, St. Louis.

OHIO.

Black, G. E., Rossburg.
Cole, W. S., Columbus.
Conrad, J. F., Magnetic Springs.
Davis, Charles, New Holland.
Hauver, Mary E., Jackson Centre.
Kyser, A. M., McComb.
Musgrave, A. C., Ohio Citv.
Park, L. E., 337 W. 9th Ave., Columbus.
Sutter, Homer A., Round Head.
Van Horn, A. M., Findlay.
Wilson, V. P., 1612 Western Ave., Cinti.

PENNSYLVANIA.

Robak, J. L., Conemaugh.

TENNESSEE.

Dykes, L. M., Bristol.

TEXAS.

Hughes, T. W., 2904 Bagby St., Houston.

UTAH.

Gray, J. R., Salt Lake City.

WISCONSIN.

Jurden, William E., Eau Clair.
Young, J. R., Walworth.

NEWS NOTES.

California.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held January 2, Dr. Barbrick presiding. The essayist was Dr. De Monco, his subject being "High Frequency Currents."

Dr. W. C. Ray was slightly injured from an automobile accident.

Dr. L. A. Perce, of Long Beach, fractured his arm while cranking his automobile.

Dr. L. W. K. Tracy, of Harrison, O., spent the winter in Los Angeles.

Dr. Stephen W. Miller, of Abingdon, Ill., has removed to 2218 Taberman Street, Los Angeles.

Dr. C. W. Weyl and wife, of Decatur, Ill., spent the winter in Los Angeles.

The regular meeting of the Los Angeles County Eclectic Society was held February 6. The essay for the evening was "Eclectic Medicine," by Dr. James Beard.

Dr. W. M. Mason, of Lodi, Cal., a member of the State Board of Medi-

cal Examiners, had his automobile demolished on February 7 by an electric car. The doctor himself was thrown quite a distance, but was uninjured.

Dr. E. Arthur Carr, secretary of the State Board of Health of Nebraska and member of the Committee of the American Confederation of Examining and Licensing Medical Boards, has been inspecting the colleges in California. On Dr. Carr's invitation, we joined him in visiting the California Eclectic Medical School, South Hill Street, Los Angeles. While the accommodations and equipment of this school are not extensive, yet they did appear to be doing serious work. They have in connection with the school a botanical garden from which they take the crude drug and make tinctures and fluid extracts in the laboratory of the college. When we were there they were at work on yerba manse and phytolacca decandra. We think that the Eclectics are doing a useful work in keeping alive an interest in roots and herbs. There is practically no work of this kind being done in our leading medical colleges. Who knows what the whirligig of time may bring around?—*Southern California Practitioner.*

Secretary W. F. Snow, of the California State Board of Medical Examiners, upon his return from Chicago, stated that the next legislature will be asked to pass an act providing for reciprocity between California and other States for the recognition of medical certificates. California now requires all physicians from other States to undergo examinations before being permitted to practice, regardless of the certificates they may hold. At the recent conference held in Chicago between representatives from many States, the California law was declared unjust. Other means will be suggested for protecting the public against quacks.

Connecticut.

Dr. Jacob Saffier has located at 109 Sherman Ave., New Haven.

Florida.

C. C. Deal has removed from Ozark, Alabama, to 117 Fisk St., Jacksonville.

Charles H. Field, formerly of Marietta, Ga., has removed to St. Petersburg.

Georgia.

Drs. John S. Wells, Griffin, and Chas. W. Miller, Atlanta, have been appointed members of the State Eclectic Medical Board.

Dr. Florence T. Truax has recovered from a serious surgical operation for the relief of hematothorax.

The Georgia College of Eclectic Medicine and Surgery held its commencement exercises at the Atlanta Theater, April 10, 1912. Thirty-nine received diplomas.

The State Society met April 11, 1912, at the Aragon Hotel, the president, Dr. J. H. Powell, of Atlanta, in the chair. An unusually good meeting is reported. Many new members were added to both the State and National organizations. The officers-elect were: President, S. S. Young, M.D.,

Moreland; first vice-president, J. V. McCain, M.D., Atlanta; second vice-president, J. M. Grizzard, M.D., Atlanta; secretary, G. W. D. Patterson, M.D., Atlanta; treasurer, J. D. Smith, M.D., Atlanta.

Illinois.

At the meeting of the Illinois State Board of Health, held in Chicago, April 16, Dr. George W. Webster, Chicago, was re-elected president, Dr. James A. Egan, Springfield, permanent secretary.

Charles H. Hulick has located at Mt. Sterling.

Indiana.

At the annual meeting of the State Board of Medical Registration and Examination held in Indianapolis, Dr. James M. Dinnen, Fort Wayne, was elected president; Dr. William A. Spurgeon, Muncie, vice-president; Dr. William T. Gott, Crawfordsville, secretary, and Dr. Moses S. Canfield, Frankfort, treasurer.

The secretary of the Indiana State Board of Medical Registration and Examination has received word that a Huntington jury has returned a verdict against the State Board in its suit to oust a chiropractor from practice in Indiana. The secretary says that the board would keep on fighting to compel the "chiros" to comply with the regulations of the board until the question had been decided by the supreme court.

Dr. Paul R. Tindall has removed from Shelbyville to Greensburg.

Iowa.

At a recent meeting of the Iowa Board of Health, resolutions were adopted thanking Dr. Albert C. Moerke, Burlington, for his untiring efforts put forth in behalf of the State Board of Health and expressing regret at his resignation.

Asserting that the Des Moines Still College of Osteopathy treats from fifty to seventy-five "poor folks" free of charge every day, and that during the course of a year 20,000 free treatments are given, President S. L. Taylor has addressed a communication to the city council, asking that the local college of osteopathy be put on an equal basis with Drake University so far as financial remuneration from the city is concerned. Taylor prefaces his request by stating that two years ago, when the present $2,500 a year agreement with Drake was entered into, Still College neither asked to share in the appropriation nor put any obstacles in the way of Drake receiving this assistance, but that in view of the great amount of free medical work and surgical work done by the osteopaths since then, Still College should not be compelled to do so much for nothing, while Drake is paid for what it does. All of which is interesting.

Kentucky.

The actions of the Kentucky State Board of Health are now being probed by the house committee of the State legislature. One of the startling developments has been to prove that Dr. J. N. McCormack drew two

salaries from the State of Kentucky from 1900 to 1907, one as State sanitary inspector and another as secretary of the State Board of Health. As official organizer of the American Medical Association at an annual salary of $6,000 Dr. J. N. McCormack has for years been telling the profession everywhere to be honest and to deal justly with their fellowmen.

The newspaper reports of the finding of the committee probing the Kentucky State Board of Health was very far from completely exonerating Dr. McCormack. It recommends the removal of the State Board of Health offices from Bowling Green to Frankfort. It also recommends the inspection of the affairs of the State Board in the future as other State officers are inspected. While the committee tried hard under the circumstances to whitewash the matter, no amount of whitewash can ever efface Representative Herrington's awful but proven truths in connection with this probe.

Massachusetts.

The regular meeting of the Boston District Eclectic Medical Society was held at the Hotel Lenox, February 26. The yearly report read by the secretary exhibited a healthy condition of the society. The essay for the evening was "Arum Triphyllum," read by Dr. E. E. Racine.

The March meeting was held at the same place, March 25. The essayist for the evening was Dr. Roy J. Boynton, the subject "Gastritis."

The program of the dedicatory exercises of the Robert Dawson Memorial Building, held March 6, was received. This is an adjunct or part of the Massachusetts Homeopathic Hospital, and will be devoted to clinical research and preventive medicine.

Mississippi.

A letter from Dr. W. S. Leathers, director of public health and sanitation in Mississippi, states that legislation has been secured requiring that hereafter all applicants to practice medicine in that State must be graduates of reputable medical colleges requiring four years of study, each session to be thirty-two weeks in length. This leaves only one State in the South, Tennessee, which still allows undergraduates in medicine to take the examination for license.

Missouri.

The College of Physicians and Surgeons of St. Louis is said to have brought suit against the Missouri State Board of Health for $200,000, because of its action taken in withdrawing recognition from the college, alleging that such action was based on trivial reasons.

W. R. Harmon has removed from Hermann to Belleflower.

Nebraska.

The Supreme Court of Nebraska, in session at Lincoln, is hearing arguments in the matter of the law appropriating $100,000 for a medical college building in Omaha. Action to prevent the appropriation from being used for erecting the building was started by physicians of the Eclectic and

Homeopathic schools of medicine, who held that the State had no right to spend money for an institution that would discriminate in favor of the Allopathic school of medicine. They also assert that according to an old statute the legislature is forbidden to erect any university building more than three miles from the State capitol.

Dr. Atha has removed from Cortland to Sterling.

New York.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held in the college auditorium, February 15. The essayist for the evening was Dr. Brandleone, the subject "Treatment of Tuberculosis with Dioradin." Patients were exhibited for the purpose of illustration.

The monthly meeting of the Society of the City and County of New York was held March 21 at the college auditorium. The essayist for the evening was Dr. S. A. Hardy, subject "The Repair of the Perineum."

The New York Specific Medication Club held its monthly meeting February 8.

The Kings County Eclectic Medical Society had a large and enthusiastic gathering at its annual meeting. That hustler, Dr. T. A. Adlerman, was elected president for the fourth time.

The fifty-second meeting of the Eclectic Medical Society of the State of New York was held in Common Council Chamber, City Hall, Albany, on Wednesday and Thursday. There was an unusually large attendance. The president's address was filled with food for thought and profit, and we commend to every Eclectic the last section of this address. Think it over and do your duty. It is published in full in *The Eclectic Review*. The officers-elect are C. J. Olsson, M.D., president; G. W. Schaefer, M.D., first vice-president; R. Toms, M.D., second vice-president; L. Adlerman, M.D., third vice-president; M. Pearlstein, treasurer; R. W. Thompson, secretary; O. H. Hyde, secretary.

Dr. M. B. McDermott has removed to 306-310 West Fifty-first Street.

Dr. D. N. Bulson has been elected president of the village of Rockville Center.

Dr. Theodore D. Adlerman has removed to 910 St. John's Place, Brooklyn.

Ohio.

On March 15, Dr. F. H. McMechan spoke on "Modern Methods in Anesthesia," in the special course of evening lectures, given at the Eclectic Medical College auditorium on alternate Friday evenings.

A symposium on "Therapeutics" was led by Drs. C. A. Stammel and W. E. Bloyer at the meeting of the West End Medical Society, March 12. In the rush for the specialties these days the subject of therapeutics is not receiving the attention it deserves.

The Ohio Central Eclectic Medical Association met March 14. The essayists were J. G. Sherman and W. E. Postle.

The arrest at Findlay, O., March 12, of E. C. Snyder and Miss H. Brown, charged with practicing medicine and surgery without a certificate from the State Board of Examination and Registration, has started the war the board has been planning for some time on the "doctors" who do not hold authority to practice. Both Mr. Snyder and Miss Brown are chiropractors. They deny that they practice medicine in any way. They call their method of work "adjustment." Both entered pleas of not guilty, and were held in bail of $500 each until March 26 and 27, when their trials will be held.

R. R. Barrett, M.D., has removed from Mansfield to New London.

On March 29, Dr. F. B. Grosvenor, of the Union Bethel, spoke on "The Neoplasm" in the special course of evening lectures arranged by the Eclectic Medical College on alternate Friday evenings. The lecture was held in the college auditorium and was illustrated.

At the regular meeting of the Ohio Medical Teachers' Association, at Columbus, April 5, Dr. R. L. Thomas, of Cincinnati, read a paper on "The Value of Didactic Lectures."

The Northwestern Ohio Eclectic Medical Association met in Forest, April 9. There was a good attendance and a profitable meeting. The October meeting will be held in Columbus Grove.

The annual meeting of the Southwestern Ohio Eclectic Medical Society was held at the residence of Dr. C. R. Campbell, in Newtown, February 7, at 2 P M. The following was the program: "Richmond's First Cæsarean Section at Newtown in 1827," Dr. Otto Juettner; "Infantile Paralysis," Dr. C. R. Campbell; resolutions on the death of Dr. Lyman Watkins; election of officers. Dr. O. P. McHenry is the president and Dr. J. L. Payne is secretary.

Cleveland Pulte Medical College has been made a department of Baldwin University of Berea, at a meeting of the university trustees and a committee representing the medical school held in the Cleveland Trust Building, February 3. The present faculty will be retained. Whether the school will remain where it is, next to Huron Road Hospital, or be removed to Berea is undecided. The merger of the schools with the institution was the realization of a plan formulated some time ago by Dr. G. A. Reed, president of Baldwin. The university already has a law department in Cleveland.

Prof. Eugene F. McCampbell, Columbus, was elected secretary of the State Board of Health, January 24, vice Dr. Charles O. Probst, Columbus, resigned.

In its sixteenth annual report, submitted to Governor Harmon, February 7, the Ohio State Medical Board calls attention to its efforts to raise medical standards. During the past year new and stringent minimum college requirements were defined and a list of recognized medical colleges established. Attention is called to the activity of the board against practitioners who take advantage of the credulity of the public by promising to cure incurable diseases and who resort to other fraudulent practices, and

also against ignorant and unqualified midwives, who are declared to be largely responsible for infant blindness. During the past year 235 physicians and surgeons, 14 osteopaths and 44 midwives were licensed to practice. There were 315 certificates to medical colleges issued. There were 47 prosecutions, with 35 convictions. The opinion of the board that persons administering an anesthetic are practicing medicine has been upheld by the attorney general's department. Under this ruling a person, unlicensed, doing this work, violates the medical law and is liable under it.

The condition of Dr. O. P. McHenry, former county coroner, who was stricken with paralysis February 23, was but little improved three days after. Dr. McHenry had been making a call on a patient and was returning home in a taxicab. When the taxi arrived at the physician's home it was discovered that he had fallen to the floor and was unconscious. He was in a semiconscious condition February 26.

Dr. J. F. Wuist has been appointed physician to the city infirmary at Dayton.

Ohio State Medical Teachers' Association.—The seventh annual meeting of the Ohio State Medical Teachers' Association was held in Columbus at the Chittenden Hotel, April 5, 1912. After the routine business President John K. Scudder, of Cincinnati, delivered his address, followed by a paper on "Teaching Titles in American Medical Schools," by F. C. Waite, of the Western Reserve Medical College. Then followed a very interesting discussion on the "Pre-medical College Year of Physics, Biology, Chemistry and a Language," which was participated in by the following invited guests: Professors Denney, Swartzel and Landacre, of the Ohio State University; Bookover, of Buchtel College; Colton, of Hiram College; Williams, of the Miami University; Linn, of Wittenberg College; Higley, of Ohio Wesleyan University; Jones and Benedict, of the Cincinnati University.

It was the consensus of opinion that the sixteen colleges of the Ohio College Association are now prepared to give this work in two years, and most of them can give it with a slight modification in one year's time. The following members of the association also discussed the proposition: Dean Means, of the Ohio-Starling; Dr. Siemon, of the Cleveland-Pulte; Dr. Moseley, of Toledo; Dr. R. L. Thomas, Dean of the Eclectic Medical College of Cincinnati; Dean Woolley, of the Medical Department of Cincinnati University; Secretary Waite, of the Western Reserve, and several others. The final disposition of the question was placed in the hands of the Executive Committee for further correspondence with the proper officers of the literary colleges.

At the evening session the following papers were read and discussed: "Value of Didactic Teaching," by R. L. Thomas, M.D., of Cincinnati; "Value of Laboratory Teaching," by F. L. Landacre, of Columbus; "Team Work," by E. O. Adams, of Cleveland; "Teaching of Pediatrics," by H. J. Gerstenberger, of Cleveland.

The following officers were elected for the ensuing year: President,

W. E. Mosely, Toledo; Vice-President, McE. Knower, Cincinnati; Secretary, R. G. Hoskins, Columbus. Treasurer, C. W. McGavran, Columbus. These four with F. C. Waite, of Cleveland; E. O. Adams, of Cleveland, and John Uri Lloyd of Cincinnati, constitute the Executive Committee. This meeting proved one of the most successful that has been held in several years.

The graduation exercises of the Training School for Nurses of the Seton Hospital, was held in the auditorium of the Eclectic Medical College, 630 W. Sixth Avenue, Wednesday, April 24, at 3 P.M. There are now twenty-two nurses in the school and six of them graduated.

Eclectic Medical College.—Arrangements are now being made looking toward a further enlargement and grading of the college curriculum for 1912-1913.

The following six instructors will devote their entire time to teaching and college work:

J. K. Scudder, A.M., M.D., secretary and director of laboratories and clinics.

F. B. Grosvenor, B.A., M.D., histology, pathology and bacteriology.

Carll S. Mundy, B.S., assistant in histology, pathology and bacteriology.

A. J. Nunnamaker, B.A., demonstrator of anatomy.

Charles Apmeyer, Ph.G., laboratory chemistry.

J. A. True, B.S., M.D., physiology.

The juniors will devote three hours each day to clinical lectures and bedside instruction in the Cincinnati (public) Hospital of 500 beds. The seniors will secure additional work in practical obstetrics in the Home of the Friendless and the Union Bethel.

An Ohio medical student's certificate, based on graduation from a first-grade high school, or its equivalent of fifteen units, required of all matriculates. Certificates should be procured prior to registration days, September 12, 13 and 14. College opens in all departments September 16. The Ohio State board forbids matriculation after September 30.

Oklahoma.

Dr. W. R. Kelley has a fine business at Morrison, Oklahoma.

Dr. W. H. Brockman, formerly of Tryon, is now located at Terlton, Oklahoma, and reports a good business.

Dr. C. D. Arnold, of the "Old America," St. Louis, lately located at Bliss, Okla., and has fine prospects there.

Dr. W. X. Wade, formerly of Carnegie, has recently moved to Coyle, and reports that he is pleased with the outlook for business.

Dr. G. H. Truax, of Stonewall, reports several cases of cerebro-spinal meningitis treated specifically without the use of serum, and with only one death to date.

Dr. F. P. Davis, of Enid, has taken over the *Medical Forum*, formerly published by Dr. B. F. Dawson, of Kansas City, and combined it and the *Oklahoma Physician*, under the name of *Davis' Magazine of Medicine.*

With Dr. Davis' well-known hustling qualities we predict success for him in his magazine ventures.

Drs. Gray and Sawyer, the Eclectic members of the Oklahoma Board of Medical Examiners, are both representative Eclectics and active members of our State society.

The eleventh annual session of the Oklahoma Eclectic Medical Associaaion was held in the Chamber of Commerce rooms, Oklahoma City, May 17 and 18, 1912, following the Arkansas and Texas meeting, held the same week, and it is believed that this was the best meeting the society has ever yet held. The national officers and a number of visiting physicians from other States were present.

It has lately been announced that the Oklahoma State Medical Board of Examiners will reciprocate with any board from any State whose requirements are equal to the requirements of Oklahoma, provided the applicant has been registered upon diploma, and has had five years' practice, or upon diploma and examination, and is a member in good standing and recommended by the State or County Association.

Dr. O. Nobell has removed from Woodard to Sharon, Woodard County.

Pennsylvania.

Dr. John R. Borland, Franklin, was struck by a trolley car, March 6, fracturing his right leg, clavicle and a rib.

In order to determine absolutely the identity of each applicant, the Bureau of Medical Education and Licensure will require every applicant for license to practice medicine in Pennsylvania to file with his papers two unmounted photographs of himself, one of which must be presented when he appears for his first examination. This provision, together with the system of assigning each a number, will, it is believed, prevent fraud. The first examination under the new bureau will be held in Philadelphia, Pittsburg and Harrisburg, June 24 to 27, and the first examination of two-year medical students will be determined by the bureau at its meeting on April 1. As under the law all physicians in the State must be registered at the Department of Public Instruction, plans are now being made whereby cards will be issued to all practitioners, so that they may furnish name, address, college and date of graduation by mail without the necessity of going to Harrisburg to comply with the law. The department expects to have every man engaged in the practice of medicine registered within the next year.

The new State Bureau of Medical Education and Licensure, April 1, completed the agreement on reciprocity on medical practitioners' licenses to be offered to the other States. Reciprocity applies only to the holders of diplomas from medical colleges recognized as in good standing by the licensing authorities of the State in which the candidate seeks the right to practice; the licensing authorities of either State are to follow the laws of their State in rating preliminary education. The bureau has also decided to put into effect this year a system of examining and licensing midwives. The bureau urges strict rules of standardization and states that students of

medical colleges who fail in their final examinations must be compelled to repeat the senior year, and has decreed that hereafter it will admit to practice no student who has failed first, and finally passed a second examination several weeks later.

The date of the State meeting has been changed to June 14-15.

Charles J. Hemminger, of Rockwood, has been elected a member of the legislature.

South Carolina.

Acting on the recommendation of the South Carolina Medical Association, the governor on April 17 appointed the following members of the State Board of Medical Examiners: Drs. Harry H. Wyman, Aiken; J. T. Taylor, Adams Run; W. W. Fennell, Rock Hill; A. E. Boozer, Columbia; A. M. Brailsford, Mullins; H. L. Shaw, Fountain Inn, and C. B. Earle.

Texas.

The Texas State Health Department has completed compilation of cerebro-spinal meningitis cases and deaths reported since January 1, as follows: Austin, 5 cases, 2 deaths; Dallas, 249 cases, 110 deaths; Forth Worth, 61 cases, 27 deaths; Houston, 22 cases, 9 deaths; Waco, 118 cases, 43 deaths. In addition cases were reported from numerous small towns.

At a banquet at the Oriental Hotel, Dallas, Texas, February 24, representatives of the Homeopathic, the Eclectic and the Physio-medical schools of medicine, organized under the name of the Society for Medical Research. According to the constitution and by-laws adopted, "the object of the society is to promate the science of medicine and surgery and to encourage all measures that will advance professional interests, to maintain a high standard of medical education, to mould public sentiment, to establish and regulate the ethics of the profession and to protect the members against unjust discrimination."

Utah.

Dr. C. L. Olson, of Murray, was appointed by the governor a delegate to the Council on Medical Education and Legislation, held at Chicago, February 26-27, also to the Confederation of Examining and Licensing Boards to meet at the same place February 29.

Wisconsin.

The Wisconsin State Board of Medical Examiners has adopted a ruling that hereafter all examinations conducted by the board will be in English. It has been the custom of previous boards to translate the various questions into the language in which the applicant was versed.

That the Wisconsin State Board of Medical Examiners needs strengthening, both as to qualifications of members and scope of duties is the opinion of the Wisconsin State Medical Association, which communicated this opinion to the State Board of Health, at its annual meeting at Madison. The medical society proposes that the work of the board of medical examiners be taken over by the State Board of Health. It believes that the bars to medical practice in this State should be kept high.

MISCELLANEOUS.

New Preliminary Requirements at the University of Minnesota. —At a meeting held March 23, the Board of Regents adopted the following recommendations made by the executive faculty of the college of medicine and surgery, in regard to requirements for entrance and graduation of medical students:

1. Requirements for Entrance to the College of Medicine and Surgery and for Graduation with the B.S. and M.D. Degrees.

(*a*) That all students in the college of medicine and surgery be required to secure the degree B.S. or B.A. before the degree M.D. is granted.

(*b*) That the completion of two full years of collegiate work in this university or in any approved college, following on a four-year high-school course which includes two years of Latin, and including the subjects enumerated under *c,* be accepted for entrance to the college of medicine and surgery, and that this be the only statement of entrance requirements.

(*c*) That the specified subjects in the two full years of college work required for entrance to the third year in medicine be made to include the following:

English (rhetoric), one year, six credits; general inorganic chemistry, one year, six credits; qualitative analysis, one year, six credits; physics, one year, eight or six credits; biology, preferably zoölogy, one year, six credits.

Modern language—a reading knowledge of German or French. This originally will require one or two years (ten to sixteen credits) of college German or one year (ten credits) of college French, depending on prior high-school training.

(*d*) That the completion further of the third and fourth years in medicine shall entitle the student to the degree of B.S. from this university.

(*e*) That the announcements of the six-year and seven-year combined courses given on pages 34 to 40 of the bulletin of the college of medicine and surgery for 1911-12, and as stated in the bulletin of the college of science, literature and the arts be omitted.

2. B.S. Degree for Migrants.

On the basis of the above entrance requirements the executive faculty of the college of medicine and surgery recommends that the B.S. degree be granted to students who have completed two years of work in medicine in this university after having done two years of collegiate or university work accepted as equivalent to that given in the college of science, literature and the arts of this university.

W. T. Briggs, in the *Nashville Journal of Medicine and Surgery,* says: "State board examinations, through a comparatively recent product of legislative activity, have already done something toward raising the standard of medical schools. The mere existence of such examinations is bound to have a salutary effect, and because of these examinations many diploma mills have been compelled to close down, but have the examinations *per se* helped to raise the standard of medical education? Would not some law

requiring four years in some reputable medical school do just as much good as these examinations do, without requiring this additional expenditure of time and money on the part of the recent graduate?"

Alma Mater and the Alumnus.—Deans of medical colleges are indebted to Dr. W. D. Haines, of Cincinnati, for the following allegory which perhaps they can use to advantage while touring for funds:

"Time grows apace and the year is almost at an end, when suddenly the gaunt figure of Want appears upon the hill overlooking the peaceful valley. Slowly, with infirm step and measured tread, she wends her way down the slope, pausing here and there, anxiously peering into the faces of the hurrying multitude; none seemingly recognized the almost spectral form; some gave a pitying glance and hastened onward; others, in their mad rush, rudely elbowed the old dame aside with such violence as would almost crush her to earth.

"As she approached, she revealed the unspeakable picture of age and want. She accosted a youth named Alumnus, who was busily engaged in importing wisdom garnered in a foreign clime to his fellows in the Temple of Medicus. As she rested, she extended a thin, cold, clammy hand from beneath a badly worn shawl, and hoarsely asked for alms.

"The youth, amazed, looked upon the strange form for a moment, then, with unfeigned joy, tenderly embraced the uncanny figure, and exclaimed, 'Mother!'

"She trembled, as only the mighty and powerful may tremble when riven by bolts of despair. The youth emptied his purse and promised more on the morrow to the Alma Mater who had been serenely unconscious as to his whereabouts for lo, these many years!"

(We commend this clipping to the consideration of the alumni of the Eclectic colleges for action.—Editor.)

Koplik's Spots as a Diagnostic Factor in Measles.—In an epidemic of 212 cases of measles at the New York Foundling Hospital during the spring of 1908, Koplik's spots were found on the first day with the rash in 104 cases; in 51 cases they were seen two days before the rash; their appearance was noted in 34 cases three days before the rash; in 6 cases they were discovered four days before the rash broke out: and there was one case in which the spots showed up five days before the rash. Thus Koplik's spots were evident in 196 cases, or 92.4 per cent. of the total, showing this to be a good diagnostic feature.

Straus Makes a Challenge.—Before sailing for Rome to represent the United States at the Seventh International Congress on Tuberculosis, Nathan Straus has sent out the following challenge: "In the efforts that are being made to protect babies from milk-borne diseases, such as tuberculosis, typhoid fever, diphtheria, scarlet fever, sore throat and summer com-

plaint, the well-considered policy of the public health service and of the foremost health officers of the country is seriously hindered by attacks based on ignorance. The statement is repeated with assurance, without proof, that the use of pasteurized milk causes rickets, scurvy and anemia. In order to bring this issue to an end I offer $1,000 for any case of scurvy or rickets or anemia caused by feeding a baby with properly pasteurized milk." The jury to decide in any alleged case is to consist of three officers of the U. S. P. H. and M. H. Service, Dr. Rupert Blue, Surgeon-General; Dr. Milton J. Rosenau, and Dr. John Anderson, of the Hygienic Laboratory at Washington, or any other jury that they may decide on.

Where Doctors are Needed.—The regular meeting of the New York Academy of Medicine, on the evening of March 7, was given up to listening to addresses by medical missionaries. Secretary Robert E. Speer, of the Presbyterian Board of Foreign Missions; Dr. Edward E. Hume, secretary of the Yale Medical School in China, and Dr. Wilfred M. Post, of the American Hospital at Konia, Turkey, told of the need for physicians in these countries and the opportunities that awaited the physician who was willing to go. In Persia there are only thirty doctors to 9,000,000 population; in Korea, only thirty-six physicians to a population of 12,000,000; in Chili there is an average of one physician to every 3,255 of the population; in Bolivia, one physician to every 10,000 of the population; not a single physician to 5,000,000 South American Indians. In Chili 80 per cent. of the children die before they reach the age of two years. Dr. Post, in telling of the conditions in Persia, said there was an area larger than New York State and an immense population where there was neither physician nor hospital.

What the Doctors Have Done.—"Now and then someone abuses the medical profession, and often the funny man springs a joke at the expense of the doctor, but for all that," remarks the *Herald*, Palestine, Texas, "he is a crusader whose work needs no boosting and whose ministrations have been of inestimable value to the world and to mankind. The laity appreciate him most and understand him best as a combater of epidemics and contagious diseases. And this work has been little less than marvelous. To begin with, the discovery of all ethical doctors is based on an obligation that as soon as he has found a remedy, a preventive or cure for disease, he must give it to the world and to the profession without reserve and without cost. And through his research and sacrifice the dread of smallpox has been almost eliminated, whereas a few short years ago people went into hysterics at its name. And yellow fever has been almost eliminated from the face of the earth. And even the dreaded typhoid fever has yielded some of its horrors to his wisdom and treatment. And now he turns his attention to the latest contagion to disturb the happiness of this people, meningitis, and he will in time conquer that. A good doctor is a necessity to mankind, while a crook in the profession is a disgrace to humanity."

The Schoolboy of 1921.

Teacher—"Sterilized Steven, do you bring with you a disinfected certificate of birth, baptism and successful vaccination?"

"Yes, ma'am."

"Have you had your lower left forearm inoculated with correct cholera serum?"

"Yes, ma'am."

"Have you had your vermiform appendix removed?"

"Yes, ma'am."

"Have you a Pasteurized certificate of immunity from croup, cold feet and cholera morbus?"

"Yes, ma'am."

"Do you promise yourself, your heirs and assigns, for all ages, to use sterilized milk?"

"I do."

"Do you solemnly covenant to soak your slate in sulphur fumes?"

"I promise."

"Will you abjure every companion that sniffles?"

"I abjure."

"Do you promise to use an antiseptic slate sponge and confine yourself to individual chewing gum?"

(Sadly) "Yes, ma'am."

"Then extract that one remaining milk tooth, tie a formaldehyde bag 'round your neck, and make your will. Come tomorrow, and you will be assigned an insulated seat in this sanitary schoolhouse, and may God help you to live."—*Life.*

"IF."

By Rudyard Kipling.

If you can keep your head when all about you
  Are losing theirs and blaming it on you;
If you can trust yourself when all men doubt you,
  But make allowance for their doubting too;
If you can wait and not be tired by waiting,
  Or being lied about, don't deal in lies.
Or, being hated, don't give way to hating,
  And yet don't look too good, nor talk too wise;

If you can dream—and not make dreams your master;
  If you can think—and not make thoughts your aim;
If you can meet with Triumph and Disaster
  And treat those two Imposters just the same;
If you can bear to hear the truth you've spoken
  Twisted by knaves to make a trap for fools,
Or watch the things you gave your life to, broken,
  And stoop and build 'em up with worn-out tools;

If you can make one heap of all your winnings
And risk it on one turn of pitch-and-toss,
And lose, and start again at your beginnings
And never breathe a word about your loss;
If you can force your heart and nerve and sinew
To serve your turn long after they are gone,
And so hold on when there is nothing in you
Except the Will which says to them: "Hold on";

If you can talk with crowds and keep your virtue
Or walk with Kings—nor lose the common touch,
If neither foes nor loving friends can hurt you,
If all men count with you, but none too much.
If you can fill the unforgiving minute
With sixty seconds' worth of distance run
Yours is the Earth and everything that's in it,
And—which is more—you'll be a Man, my son.

MARRIAGES.

Nellie, daughter of Mr. and Mrs. John Weltner, to Allen Bush, M.D., April 25, 1912. Both of Morgantown, W. Va.

OBITUARIES.

Alexander, John, Eclectic Medical Institute, Cincinnati, 1885, at his home in Waverly, Ill., February 29, aged eighty-four.

Bellows, Alice C., Bennett Medical College, Chicago, 1895, at her home in Chicago, February 14, aged fifty.

Brown, Balir, Eclectic Medical College of the City of New York, 1900, at his home in Jersey City, N. J., January 12, aged forty-two.

Bunch, Robert A., Eclectic Medical Institute, Cincinnati, 1881, at his home in Muncie, Ind., aged fifty-nine.

Bemis, John Dwight, Eclectic Medical Institute, Cincinnati, 1879, at his home in Fremont, O., April 13, aged eighty-two.

Colliver, Jefferson T., Eclectic Medical Institute, Cincinnati, 1865, at Los Angeles, Cal., March 15, aged seventy.

Conrad, George Englebach, Eclectic Medical Institute, Cincinnati, 1878, of Johnstown, Pa., at Philadelphia, Pa., January 11, aged fifty-eight.

Cummings, William Philip, American Medical College, St. Louis, 1882, at his home in Salem, Mo., March 30, 1912, aged sixty-three.

Etheridge, Henry Shaw, Eclectic Medical Institute, Cincinnati, 1861, at his home in Port Norfolk, Va., February 24, 1912, aged seventy-two.

Filkins, Welcome L., Eclectic Medical College of the City of New York, 1875, at his home in Albany, February 19.

Furber, John Loring, American Eclectic Medical College, Cincinnati, 1867, at his home in Blackwell, Okla., February 19, aged seventy-five.

Hewitt, William, Eclectic Medical Institute, Cincinnati, 1858, at his home in Memphis, Tenn., March 17, aged ninety.

Knox, George A., Eclectic Medical Institute, Cincinnati, 1894, at his office in Pittsburgh, February 7, aged thirty-eight.

Liessman, Charles, Bennett Medical College, Chicago, 1901, at his home in Chicago, February 7, aged fifty-one.

Luther, John A., American Eclectic Medical College, Cincinnati, 1879, at his home in Scalp Level, Pa., February 20, aged sixty-five.

Meredith, Walton Henry, Eclectic Medical Institute, Cincinnati, 1857, at his home in Waelder, Texas, March 12, aged eighty-one.

Rosenberg, J. H., Eclectic Medical College, 1869, at his home in Omaha, Nebraska.

Smith, Nelson Gilman, Eclectic Medical Institute, Cincinnati, 1869, at his home in Seymour, Ind., January 20, aged sixty-three.

Spencer, Howard E., Eclectic Medical Institute, Cincinnati, 1893, near Gainesville, Fla., February 26, aged forty-nine.

Stewart, Charles F., Eclectic Medical Institute, Cincinnati, 1864, at his home in South Auburn, Neb., March 15, aged seventy-nine.

Weatherby, Lewis H., Eclectic Medical Institute, Cincinnati, 1857, at St. Joseph, Mo., January 20, aged eighty-two.

Wenman, Joseph E., Eclectic Medical Institute, Cincinnati, 1885, at his home in New Philadelphia, O., January 22, aged sixty-nine.

Whitford, Henry K., Eclectic Medical Institute, Cincinnati, 1861, at his home in Elgin, Ill., February 15, aged eighty-two.

Winningham, Francis M., Eclectic Medical Institute, Cincinnati, 1875, at his home in Blythedale, Mo., February 19, aged sixty-five.

VanNess, Isaac T., Eclectic Medical College of Pennsylvania, Philadelphia, 1871, at Council Bluffs, Iowa, February 6, aged sixty-five.

BOOK REVIEWS.

The Friends of the Insane. By Bayard Holmes, M.D. Price, $1.00. Lancet-Clinic Publishing Co., Cincinnati, O.

The book is composed of a compilation of editorials from *The Lancet-Clinic*. Though we have read them previously, we have reread them with interest. Many of the essays are written no doubt for the purpose of calling attention to the waste of time and money in the care of the insane. That little attention is paid to a study of the etiology or therapeutics of the insane is too true, and every physician can easily recall with regret the end of the patient he has been forced to send to our State hospitals. The superintendents and physicians are often not appointed on account of their fitness, but to pay a political debt. To those who wish to spend a few spare minutes profitably we commend this book for perusal. It will pay for rereading. M.

MODERN URINOLOGY. A System of Urine Analysis and Diagnosis. Illustrated. By CLIFFORD MITCHELL, A.B., M.D., Professor of Chemistry, Clinical Urinology and Renal Diseases, Hahnemann Medical College, Chicago, Ill. 636 pages. Cloth, $3.00 net. Postage, twenty-seven cents. Philadelphia: Boericke & Tafel, 1912.

This work appears to the reviewer to be quite exhaustive in its character. At the beginning of each chapter is a synopsis of its contents, so that one can not only at a glance test his own knowledge, but ascertain if it contains that which he may be seeking to verify.

After the description of each substance found in the urine, whether physiological or pathological, the author has added laboratory and clinical notes.

Chapter XXXIV, page 545, has for its heading, "Essentials of Diagnosis by the Urine." This is a most interesting chapter and can be read and reread most profitably. The book is a working manual for any physician. M.

THE PHYSICIAN'S VISITING LIST FOR 1912. Sixty-first year of its publication. P. Blakiston's Son & Co., Philadelphia, Pa.

We have called attention to this list several times. Besides the blank leaves for the various memoranda, such as visits, addresses, engagements, cash, etc., it also contains a table for calculating the period of utero-gestation, incompatibility, poisoning, metric system of weights and measures, dose table, quarantine periods for infectious diseases, asphyxia and apnea, and a comparison of thermometers. We can recommend this visiting list on account of its completeness. M.

A NEW THYROID PREPARATION.—To Dr. S. P. Beebe, Ph. D., professor of Experimental Therapeutics in Cornell University Medical School, the profession is indebted for a new and valuable preparation of the active principle of the thyroid gland. It is a carefully standardized product, consisting of certain proteids of normal glands, extracted, purified and adjusted to a content of 0.33 per cent. of iodine. Its preparation has been entrusted to Messrs. Parke, Davis & Co., and the product is offered to the medical profession under the name of Thyroprotein (Beebe). Physicians who are desirous of learning more of this new thyroid preparation will do well to send a request to the manufacturers, Parke, Davis & Co., at their home offices in Detroit, or any of their branch houses, for their new booklet descriptive of the product. It bears the title "Thyroid Therapy" and contains a lot of useful information.

NEUROTIC ANOREXIA.—While loss of appetite and nausea are usually symptoms of a host of diverse pathological conditions, they sometimes constitute a disease in themselves—a kind of neurosis. In these cases the physician will find Gray's Glycerine Tonic Comp. of almost specific value for restoring the impaired appetite. It is not only agreeable to take, but produces its benefits at once in such a natural way that before the patient realizes it, the normal amount of food is being taken. Its efficacy in these neurotic cases makes Gray's Glycerine Tonic Comp. exceedingly useful in relieving the severe nausea that often occurs in early pregnancy.